

COUNTY PROFILES

<u>Adams</u>	<u>Allen</u>	<u>Bartholomew</u>	<u>Benton</u>	<u>Blackford</u>
<u>Boone</u>	<u>Brown</u>	<u>Carroll</u>	<u>Cass</u>	<u>Clark</u>
<u>Clay</u>	<u>Clinton</u>	<u>Crawford</u>	<u>Daviess</u>	<u>Dearborn</u>
<u>Decatur</u>	<u>DeKalb</u>	<u>Delaware</u>	<u>Dubois</u>	<u>Elkhart</u>
<u>Fayette</u>	<u>Floyd</u>	<u>Fountain</u>	<u>Franklin</u>	<u>Fulton</u>
<u>Gibson</u>	<u>Grant</u>	<u>Greene</u>	<u>Hamilton</u>	<u>Hancock</u>
<u>Harrison</u>	<u>Hendricks</u>	<u>Henry</u>	<u>Howard</u>	<u>Huntington</u>
<u>Jackson</u>	<u>Jasper</u>	<u>Jay</u>	<u>Jefferson</u>	<u>Jennings</u>
<u>Johnson</u>	<u>Knox</u>	<u>Kosciusko</u>	<u>LaGrange</u>	<u>Lake</u>
<u>LaPorte</u>	<u>Lawrence</u>	<u>Madison</u>	<u>Marion</u>	<u>Marshall</u>
<u>Martin</u>	<u>Miami</u>	<u>Monroe</u>	<u>Montgomery</u>	<u>Morgan</u>
<u>Newton</u>	<u>Noble</u>	<u>Ohio</u>	<u>Orange</u>	<u>Owen</u>
<u>Parke</u>	<u>Perry</u>	<u>Pike</u>	<u>Porter</u>	<u>Posey</u>
<u>Pulaski</u>	<u>Putnam</u>	<u>Randolph</u>	<u>Ripley</u>	<u>Rush</u>
<u>Scott</u>	<u>Shelby</u>	<u>Spencer</u>	<u>St. Joseph</u>	<u>Starke</u>
<u>Steuben</u>	<u>Sullivan</u>	<u>Switzerland</u>	<u>Tippecanoe</u>	<u>Tipton</u>
<u>Union</u>	<u>Vanderburgh</u>	<u>Vermillion</u>	<u>Vigo</u>	<u>Wabash</u>
<u>Warren</u>	<u>Warrick</u>	<u>Washington</u>	<u>Wayne</u>	<u>Wells</u>
<u>White</u>	<u>Whitley</u>			

Adams County Profile

Background

In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxycodone (brand name Opana) and sharing needles.

What Local Health Departments Can Do

As the local “eyes and ears on the ground,” public health staff are critical to the identification of outbreaks. To do this, the following are important:

- Promptly report new HIV cases to the ISDH Division of HIV/STD/Viral Hepatitis.
- Promptly report new HCV cases to the ISDH Epidemiology Resources Center.
- Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
- Become familiar with local data so any increases are easily identified.
- Know who to contact for assistance and appropriate health services.

This Profile is a tool to become familiar with local data, local resources, and to assist you in the decision-making process for local syringe exchange programs.

Syringe Exchange Programs

Syringe exchange programs provide people who inject drugs with an opportunity to reduce the spread of bloodborne diseases such as HIV and HCV, use sterile syringes, share syringes less often, and safely dispose of used syringes. The programs serve to connect hard-to-reach people who inject drugs with important public health services, including HIV and HCV testing, substance abuse treatment, sexually transmitted disease (STD) screening and treatment, and risk reduction counseling.

Syringe Exchange Law in Indiana (<https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251>)

In May, a new law went into effect to allow local health departments and law enforcement to work together to start a syringe exchange program in their counties if the following criteria are met:

1. Local health officer declares to county/municipality:
 - a. There is an epidemic of HCV or HIV;
 - b. The primary mode of transmission of HCV or HIV is injection drug use;
 - c. That a syringe exchange program is medically appropriate as part of the comprehensive public health response.
2. The executive/legislative body of county/municipality:
 - a. Conducts a public hearing and
 - b. Takes official action that adopts the declaration of the local health officer.
3. The executive/legislative body of county/municipality:
 - a. Notifies the State Health Commissioner of declaration;
 - b. Requests the State Health Commissioner to declare a public health emergency;
 - c. Indicates other measures taken to address the epidemic have not worked.
4. Commissioner must approve or deny within 10 days from submission.
 - a. Can request additional information extending the deadline for an additional 10 days

More information on steps local health departments and health care providers can take is found in the CDC Health Advisory at <http://emergency.cdc.gov/han/han00377.asp>.

Spotlight on Adams County, Indiana

	Adams County	Indiana
Population, 2014	34,791	6,596,855
HIV and HCV		
New HIV cases (rate per 100,000 population), 2014	<5 (*)	515 (8)
Total number of people living with HIV, 2014	8	11,547
Newly reported HCV cases (rate per 100,000 population), 2013	10 (29)	4,535 (69)
Drug overdoses and deaths		
Annual average number of drug poisoning deaths (total rate per 100,000 population), 2009-2013**	<5 (*)	966 (15)
Drug poisoning deaths per 100,000 population (rate per 100,000 pop), 2013	<5 (*)	1049 (16)
Annual average number of non-fatal emergency room visits due to opioid overdoses (total rate per 100,000 population), 2009-2013**	<5 (*)	1820 (28)
Non-fatal emergency room visits due to opioid overdoses (rate per 100,000 population), 2013	6 (17)	2,157 (33)
STDs		
Chlamydia cases (rate per 100,000 population), 2013	69 (199)	28,023 (432)
Gonorrhea cases (rate per 100,000 population), 2013	18 (52)	7,144 (110)

*Numbers less than 5, including 0.

**Drug poisoning deaths: underlying cause of death coded on death certificate as drug overdose fatality or "acute drug overdose."

HCV

HCV is spread through contact with blood of an infected person, primarily through sharing contaminated needles or injection drug use equipment (CDC fact sheet). There is no vaccine for HCV. The best way to prevent HCV infection is to never inject drugs or to stop injecting drugs by getting into and staying in a drug treatment program (CDC). People who continue to inject drugs should use new, sterile syringes each time and never reuse or share needles, water, or other drug preparation equipment. The Centers for Disease Control and Prevention (CDC) recommends HCV testing for people who inject drugs, all people living with HIV, and everyone born during 1945-1965.

Substance Abuse

People abuse substances such as drugs, alcohol, and tobacco for varied reasons.

Substance abuse can have negative social, physical, mental, and public health impact on individuals, families and communities. In 2013, an estimated 9.4% of people over the age of 12 in the US engaged in illegal drug use.

Key Support Services and Staff

Disease Intervention Specialists conduct partner notification, verify treatment of infected individuals, assist infected individuals in developing risk-reduction plans, and refer for HIV Care Coordination.

HIV Care Coordinators provide an individualized plan of care that includes medical, psychosocial, financial, and other supportive services for free.

ISDH HIV Special Populations Support Program provides intensive support services to individuals diagnosed with HIV disease and chemical dependency. Services are offered throughout the state at 12 sites. For more information, call 317-233-7418.

Substance abuse and treatment services are provided by various providers in the area. For information, contact SAMHSA's National Helpline 1-800-487-4889 for 24-hour free and confidential treatment referral and information.

STD Prevention is HIV Prevention. The ISDH STD Prevention Program has opportunities for local health departments to receive test materials and medications for Chlamydia and gonorrhea. For more information, contact std@isdh.in.gov.

Key Contacts for Adams County

Disease Investigation area: District 6

Local HIV Care Coordination

AIDS Task Force/Positive Resource center (260)744-1144

Disease Intervention Specialists

Melody Fuqua (765)254-1574
Brandon Todd (765)288-0763

HIV & STD Prevention Services

Ft. Wayne-Allen County Department of Health Medical Annex building

4813 New Haven Ave, Ft. Wayne 46803
260-449-7504

Full Service STD Clinic with HIV testing, Immunizations, Infectious Disease Clinic, travel clinic.

Minimal fees apply, info on website:

www.allencountyhealth.com

For more information, visit the ISDH HIV/STD website at: <https://secure.in.gov/isdh/17397.htm>

or contact the ISDH Local Health Department Outreach Division at

LHDinfo@isdh.in.gov (please put "County Profile" in subject line) or **317-234-6623**.

Allen County Profile

Background

In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxymorphone (brand name Opana) and sharing needles.

What Local Health Departments Can Do

As the local “eyes and ears on the ground,” public health staff are critical to the identification of outbreaks. To do this, the following are important:

- Promptly report new HIV cases to the ISDH Division of HIV/STD/Viral Hepatitis.
- Promptly report new HCV cases to the ISDH Epidemiology Resources Center.
- Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
- Become familiar with local data so any increases are easily identified.
- Know who to contact for assistance and appropriate health services.

This Profile is a tool to become familiar with local data, local resources, and to assist you in the decision-making process for local syringe exchange programs.

Syringe Exchange Programs

Syringe exchange programs provide people who inject drugs with an opportunity to reduce the spread of bloodborne diseases such as HIV and HCV, use sterile syringes, share syringes less often, and safely dispose of used syringes. The programs serve to connect hard-to-reach people who inject drugs with important public health services, including HIV and HCV testing, substance abuse treatment, sexually transmitted disease (STD) screening and treatment, and risk reduction counseling.

Syringe Exchange Law in Indiana (<https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251>)

In May, a new law went into effect to allow local health departments and law enforcement to work together to start a needle exchange program in their counties if the following criteria are met:

5. Local health officer declares to county/municipality:
 - a. There is an epidemic of HCV or HIV;
 - b. The primary mode of transmission of HCV or HIV is injection drug use;
 - c. That a Syringe Exchange Program is medically appropriate as part of the comprehensive public health response.
6. The executive/legislative body of county/municipality:
 - a. Conducts a public hearing and
 - b. Takes official action that adopts the declaration of the local health officer.
7. The executive/legislative body of county/municipality:
 - a. Notifies the State Health Commissioner of declaration;
 - b. Requests the State Health Commissioner to declare a public health emergency;
 - c. Indicates other measures taken to address the epidemic have not worked.
8. Commissioner must approve or deny within 10 days from submission.
 - a. Can request additional information extending the deadline for an additional 10 days

More information on steps local health departments and health care providers can take is found in the CDC Health Advisory at <http://emergency.cdc.gov/han/han00377.asp>.

Spotlight on Allen County, Indiana

	Allen County	Indiana
Population, 2014	365918	6,596,855
HIV and HCV		
New HIV cases (rate per 100,000 population), 2014	19 (5)	515 (8)
Total number of people living with HIV, 2014	583 (159)	11,547
Newly reported HCV cases (rate per 100,000 population), 2013+	142 (39)	4,535 (69)
Drug overdoses and deaths		
Annual average number of drug poisoning deaths (total rate per 100,000 population), 2009-2013**	43 (12)	966 (15)
Drug poisoning deaths per 100,000 population (rate per 100,000 pop), 2013	56 (15)	1049 (16)
Annual average number of non-fatal emergency room visits due to opioid overdoses (total rate per 100,000 population), 2009-2013**	50 (14)	1820 (28)
Non-fatal emergency room visits due to opioid overdoses (rate per 100,000 population), 2013	57 (16)	2,157 (33)
STDs		
Chlamydia cases (rate per 100,000 population), 2013	1931 (531)	28,023 (432)
Gonorrhea cases (rate per 100,000 population), 2013	609 (168)	7,144 (110)

*Numbers less than 5, including 0.

**Drug poisoning deaths: underlying cause of death coded on death certificate as drug overdose fatality or "acute drug overdose."

+Includes Department of Correction cases

HCV

HCV is spread through contact with blood of an infected person, primarily through sharing contaminated needles or injection drug use equipment (CDC fact sheet). There is no vaccine for HCV. The best way to prevent HCV infection is to never inject drugs or to stop injecting drugs by getting into and staying in a drug treatment program (CDC). People who continue to inject drugs should use new, sterile syringes each time and never reuse or share needles, water, or other drug preparation equipment. The Centers for Disease Control and Prevention (CDC) recommends HCV testing for people who inject drugs, all people living with HIV, and everyone born during 1945-1965.

Substance Abuse

People abuse substances such as drugs, alcohol, and tobacco for varied reasons. Substance abuse can have negative social, physical, mental, and public health impact on individuals, families and communities. In 2013, an estimated 9.4% of people over the age of 12 in the US engaged in illegal drug use.

Key Support Services and Staff

Disease Intervention Specialists conduct partner notification, verify treatment of infected individuals, assist infected individuals in developing risk-reduction plans, and refer for HIV Care Coordination.

HIV Care Coordinators provide an individualized plan of care that includes medical, psychosocial, financial, and other supportive services for free.

ISDH HIV Special Populations Support Program provides intensive support services to individuals diagnosed with HIV disease and chemical dependency. Services are offered throughout the state at 12 sites. For more information, call 317-233-7418.

Substance abuse and treatment services are provided by various providers in the area. For information, contact SAMHSA's National Helpline 1-800-487-4889 for 24-hour free and confidential treatment referral and information.

STD Prevention is HIV Prevention. The ISDH STD Prevention Program has opportunities for local health departments to receive test materials and medications for Chlamydia and gonorrhea. For more information, contact std@isdh.in.gov.

Key Contacts for Allen County

Disease Investigation area: District 3

Local HIV Care Coordination

AIDS Task Force/Positive Resource Center (260)744-1144

Disease Intervention Specialists

Kathy Thornson (260)449-3021
Rochelle Feldheiser
Pam Cashdollar
Korrin Taylor

HIV & STD Prevention Services

Ft. Wayne-Allen County Department of Health Medical Annex building

4813 New Haven Ave, Ft. Wayne 46803
260-449-7504

Full Service STD Clinic with HIV testing, Immunizations, Infectious Disease Clinic, travel clinic.

Minimal fees apply, info on website:

www.allencountyhealth.com

For more information, visit the ISDH HIV/STD website at: <https://secure.in.gov/isdh/17397.htm>

or contact the ISDH Local Health Department Outreach Division at

LHDinfo@isdh.in.gov (please put "County Profile" in subject line) or **317-234-6623**.

Bartholomew County Profile

Background

In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxycodone (brand name Opana) and sharing needles.

What Local Health Departments Can Do

As the local “eyes and ears on the ground,” public health staff are critical to the identification of outbreaks. To do this, the following are important:

- Promptly report new HIV cases to the ISDH Division of HIV/STD/Viral Hepatitis.
- Promptly report new HCV cases to the ISDH Epidemiology Resources Center.
- Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
- Become familiar with local data so any increases are easily identified.
- Know who to contact for assistance and appropriate health services.

This Profile is a tool to become familiar with local data, local resources, and to assist you in the decision-making process for local syringe exchange programs.

Syringe Exchange Programs

Syringe exchange programs provide people who inject drugs with an opportunity to reduce the spread of bloodborne diseases such as HIV and HCV, use sterile syringes, share syringes less often, and safely dispose of used syringes. The programs serve to connect hard-to-reach people who inject drugs with important public health services, including HIV and HCV testing, substance abuse treatment, sexually transmitted disease (STD) screening and treatment, and risk reduction counseling.

Syringe Exchange Law in Indiana (<https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251>)

In May, a new law went into effect to allow local health departments and law enforcement to work together to start a syringe exchange program in their counties if the following criteria are met:

1. Local health officer declares to county/municipality:
 - a. There is an epidemic of HCV or HIV;
 - b. The primary mode of transmission of HCV or HIV is injection drug use;
 - c. That a syringe exchange program is medically appropriate as part of the comprehensive public health response.
2. The executive/legislative body of county/municipality:
 - a. Conducts a public hearing and
 - b. Takes official action that adopts the declaration of the local health officer.
3. The executive/legislative body of county/municipality:
 - a. Notifies the State Health Commissioner of declaration;
 - b. Requests the State Health Commissioner to declare a public health emergency;
 - c. Indicates other measures taken to address the epidemic have not worked.
4. Commissioner must approve or deny within 10 days from submission.
 - a. Can request additional information extending the deadline for an additional 10 days

More information on steps local health departments and health care providers can take is found in the CDC Health Advisory at <http://emergency.cdc.gov/han/han00377.asp>.

Spotlight on Bartholomew County, Indiana

	Bartholomew County	Indiana
Population, 2014	80,217	6,596,855
HIV and HCV		
New HIV cases (rate per 100,000 population), 2014	≤5 (*)	515 (8)
Total number of people living with HIV, 2014	59	11,547
Newly reported HCV cases (rate per 100,000 population), 2013	33 (41)	4,535 (69)
Drug overdoses and deaths		
Annual average number of drug poisoning deaths (total rate per 100,000 population), 2009-2013**	8 (11)	966 (15)
Drug poisoning deaths per 100,000 population (rate per 100,000 pop), 2013	8 (10)	1049 (16)
Annual average number of non-fatal emergency room visits due to opioid overdoses (total rate per 100,000 population), 2009-2013**	20 (26)	1820 (28)
Non-fatal emergency room visits due to opioid overdoses (rate per 100,000 population), 2013	17 (21)	2,157 (33)
STDs		
Chlamydia cases (rate per 100,000 population), 2013	205 (258)	28,023 (432)
Gonorrhea cases (rate per 100,000 population), 2013	44 (55)	7,144 (110)

*Numbers less than 5, including 0.

**Drug poisoning deaths: underlying cause of death coded on death certificate as drug overdose fatality or "acute drug overdose."

HCV

HCV is spread through contact with blood of an infected person, primarily through sharing contaminated needles or injection drug use equipment (CDC fact sheet). There is no vaccine for HCV. The best way to prevent HCV infection is to never inject drugs or to stop injecting drugs by getting into and staying in a drug treatment program (CDC). People who continue to inject drugs should use new, sterile syringes each time and never reuse or share needles, water, or other drug preparation equipment. The Centers for Disease Control and Prevention (CDC) recommends HCV testing for people who inject drugs, all people living with HIV, and everyone born during 1945-1965.

Substance Abuse

People abuse substances such as drugs, alcohol, and tobacco for varied reasons. Substance abuse can have negative social, physical, mental, and public health impact on individuals, families and communities. In 2013, an estimated 9.4% of people over the age of 12 in the US engaged in illegal drug use.

Key Support Services and Staff

Disease Intervention Specialists conduct partner notification, verify treatment of infected individuals, assist infected individuals in developing risk-reduction plans, and refer for HIV Care Coordination.

HIV Care Coordinators provide an individualized plan of care that includes medical, psychosocial, financial, and other supportive services for free.

ISDH HIV Special Populations Support Program provides intensive support services to individuals diagnosed with HIV disease and chemical dependency. Services are offered throughout the state at 12 sites. For more information, call 317-233-7418.

Substance abuse and treatment services are provided by various providers in the area. For information, contact SAMHSA's National Helpline 1-800-487-4889 for 24-hour free and confidential treatment referral and information.

STD Prevention is HIV Prevention. The ISDH STD Prevention Program has opportunities for local health departments to receive test materials and medications for Chlamydia and gonorrhea. For more information, contact std@isdh.in.gov.

Key Contacts for Bartholomew County

Disease Investigation area: District 7

Local HIV Care Coordination

Positive Link IU Bloomington
(800)313-4645

Disease Intervention Specialists

Julie Hartley (812)349-2829
Miranda Ettinger

HIV & STD Prevention Services

Bartholomew County Health Department

1971 State St, Columbus, IN, 47201

(812)379-1555

Open M-F, 8AM-5PM

STD/HIV/Hepatitis Testing on Tuesday-Wednesday by appointment

For more information, visit the ISDH HIV/STD website at: <https://secure.in.gov/isdh/17397.htm>

or contact the ISDH Local Health Department Outreach Division at

LHDinfo@isdh.in.gov (please put "County Profile" in subject line) or **317-234-6623**.

Benton County Profile

Background

In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxycodone (brand name Opana) and sharing needles.

What Local Health Departments Can Do

As the local “eyes and ears on the ground,” public health staff are critical to the identification of outbreaks. To do this, the following are important:

- Promptly report new HIV cases to the ISDH Division of HIV/STD/Viral Hepatitis.
- Promptly report new HCV cases to the ISDH Epidemiology Resources Center.
- Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
- Become familiar with local data so any increases are easily identified.
- Know who to contact for assistance and appropriate health services.

This Profile is a tool to become familiar with local data, local resources, and to assist you in the decision-making process for local syringe exchange programs.

Syringe Exchange Programs

Syringe exchange programs provide people who inject drugs with an opportunity to reduce the spread of bloodborne diseases such as HIV and HCV, use sterile syringes, share syringes less often, and safely dispose of used syringes. The programs serve to connect hard-to-reach people who inject drugs with important public health services, including HIV and HCV testing, substance abuse treatment, sexually transmitted disease (STD) screening and treatment, and risk reduction counseling.

Syringe Exchange Law in Indiana (<https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251>)

In May, a new law went into effect to allow local health departments and law enforcement to work together to start a syringe exchange program in their counties if the following criteria are met:

5. Local health officer declares to county/municipality:
 - a. There is an epidemic of HCV or HIV;
 - b. The primary mode of transmission of HCV or HIV is injection drug use;
 - c. That a syringe exchange program is medically appropriate as part of the comprehensive public health response.
6. The executive/legislative body of county/municipality:
 - a. Conducts a public hearing and
 - b. Takes official action that adopts the declaration of the local health officer.
7. The executive/legislative body of county/municipality:
 - a. Notifies the State Health Commissioner of declaration;
 - b. Requests the State Health Commissioner to declare a public health emergency;
 - c. Indicates other measures taken to address the epidemic have not worked.
8. Commissioner must approve or deny within 10 days from submission.
 - a. Can request additional information extending the deadline for an additional 10 days

More information on steps local health departments and health care providers can take is found in the CDC Health Advisory at <http://emergency.cdc.gov/han/han00377.asp>.

Spotlight on Benton County, Indiana

	Benton County	Indiana
Population, 2014	8,700	6,596,855
HIV and HCV		
New HIV cases (rate per 100,000 population), 2014	<5 (*)	515 (8)
Total number of people living with HIV, 2014	<5	11,547
Newly reported HCV cases (rate per 100,000 population), 2013	<5 (*)	4,535 (69)
Drug overdoses and deaths		
Annual average number of drug poisoning deaths (total rate per 100,000 population), 2009-2013**	<5 (*)	966 (15)
Drug poisoning deaths per 100,000 population (rate per 100,000 pop), 2013	<5 (*)	1049 (16)
Annual average number of non-fatal emergency room visits due to opioid overdoses (total rate per 100,000 population), 2009-2013**	<5 (*)	1820 (28)
Non-fatal emergency room visits due to opioid overdoses (rate per 100,000 population), 2013	<5 (*)	2,157 (33)
STDs		
Chlamydia cases (rate per 100,000 population), 2013	27 (308)	28,023 (432)
Gonorrhea cases (rate per 100,000 population), 2013	<5 (*)	7,144 (110)

*Numbers less than 5, including 0.

**Drug poisoning deaths: underlying cause of death coded on death certificate as drug overdose fatality or "acute drug overdose."

HCV

HCV is spread through contact with blood of an infected person, primarily through sharing contaminated needles or injection drug use equipment (CDC fact sheet). There is no vaccine for HCV. The best way to prevent HCV infection is to never inject drugs or to stop injecting drugs by getting into and staying in a drug treatment program (CDC). People who continue to inject drugs should use new, sterile syringes each time and never reuse or share needles, water, or other drug preparation equipment. The Centers for Disease Control and Prevention (CDC) recommends HCV testing for people who inject drugs, all people living with HIV, and everyone born during 1945-1965.

Substance Abuse

People abuse substances such as drugs, alcohol, and tobacco for varied reasons. Substance abuse can have negative social, physical, mental, and public health impact on individuals, families and communities. In 2013, an estimated 9.4% of people over the age of 12 in the US engaged in illegal drug use.

Key Support Services and Staff

Disease Intervention Specialists conduct partner notification, verify treatment of infected individuals, assist infected individuals in developing risk-reduction plans, and refer for HIV Care Coordination.

HIV Care Coordinators provide an individualized plan of care that includes medical, psychosocial, financial, and other supportive services for free.

ISDH HIV Special Populations Support Program provides intensive support services to individuals diagnosed with HIV disease and chemical dependency. Services are offered throughout the state at 12 sites. For more information, call 317-233-7418.

Substance abuse and treatment services are provided by various providers in the area. For information, contact SAMHSA's National Helpline 1-800-487-4889 for 24-hour free and confidential treatment referral and information.

STD Prevention is HIV Prevention. The ISDH STD Prevention Program has opportunities for local health departments to receive test materials and medications for Chlamydia and gonorrhea. For more information, contact std@isdh.in.gov.

Key Contacts for Benton County

Disease Investigation area: District 4

Local HIV Care Coordination

Aspire (West)
(765)742-4481

Disease Intervention Specialist

Summer Wagner-Walker
(765)635-7666

HIV & STD Prevention Services

Tippecanoe County Health Department

629 N. 6th St, Suite A, Lafayette, IN 47901
(765)423-9222

Please call for an appointment

Aspire Indiana

1231 Cumberland Ave, Suite C, West Lafayette, IN 47906
(765)742-4481
Free Hep C and HIV testing

For more information, visit the ISDH HIV/STD website at: <https://secure.in.gov/isdh/17397.htm>

or contact the ISDH Local Health Department Outreach Division at

LHDinfo@isdh.in.gov (please put "County Profile" in subject line) or **317-234-6623**.

Blackford County Profile

Background

In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxycodone (brand name Opana) and sharing needles.

What Local Health Departments Can Do

As the local “eyes and ears on the ground,” public health staff are critical to the identification of outbreaks. To do this, the following are important:

- Promptly report new HIV cases to the ISDH Division of HIV/STD/Viral Hepatitis.
- Promptly report new HCV cases to the ISDH Epidemiology Resources Center.
- Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
- Become familiar with local data so any increases are easily identified.
- Know who to contact for assistance and appropriate health services.

This Profile is a tool to become familiar with local data, local resources, and to assist you in the decision-making process for local syringe exchange programs.

Syringe Exchange Programs

Syringe exchange programs provide people who inject drugs with an opportunity to reduce the spread of bloodborne diseases such as HIV and HCV, use sterile syringes, share syringes less often, and safely dispose of used syringes. The programs serve to connect hard-to-reach people who inject drugs with important public health services, including HIV and HCV testing, substance abuse treatment, sexually transmitted disease (STD) screening and treatment, and risk reduction counseling.

Syringe Exchange Law in Indiana (<https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251>)

In May, a new law went into effect to allow local health departments and law enforcement to work together to start a syringe exchange program in their counties if the following criteria are met:

9. Local health officer declares to county/municipality:
 - a. There is an epidemic of HCV or HIV;
 - b. The primary mode of transmission of HCV or HIV is injection drug use;
 - c. That a syringe exchange program is medically appropriate as part of the comprehensive public health response.
10. The executive/legislative body of county/municipality:
 - a. Conducts a public hearing and
 - b. Takes official action that adopts the declaration of the local health officer.
11. The executive/legislative body of county/municipality:
 - a. Notifies the State Health Commissioner of declaration;
 - b. Requests the State Health Commissioner to declare a public health emergency;
 - c. Indicates other measures taken to address the epidemic have not worked.
12. Commissioner must approve or deny within 10 days from submission.
 - a. Can request additional information extending the deadline for an additional 10 days

More information on steps local health departments and health care providers can take is found in the CDC Health Advisory at <http://emergency.cdc.gov/han/han00377.asp>.

Spotlight on Blackford County, Indiana

	Blackford County	Indiana
Population, 2014	12,401	6,596,855
HIV and HCV		
New HIV cases (rate per 100,000 population), 2014	<5 (*)	515 (8)
Total number of people living with HIV, 2014	8	11,547
Newly reported HCV cases (rate per 100,000 population), 2013	29 (232)	4,535 (69)
Drug overdoses and deaths		
Annual average number of drug poisoning deaths (total rate per 100,000 population), 2009-2013**	<5 (*)	966 (15)
Drug poisoning deaths per 100,000 population (rate per 100,000 pop), 2013	<5 (*)	1049 (16)
Annual average number of non-fatal emergency room visits due to opioid overdoses (total rate per 100,000 population), 2009-2013**	34 (53)	1820 (28)
Non-fatal emergency room visits due to opioid overdoses (rate per 100,000 population), 2013	<5 (*)	2,157 (33)
STDs		
Chlamydia cases (rate per 100,000 population), 2013	34 (272)	28,023 (432)
Gonorrhea cases (rate per 100,000 population), 2013	<5 (*)	7,144 (110)

*Numbers less than 5, including 0.

**Drug poisoning deaths: underlying cause of death coded on death certificate as drug overdose fatality or "acute drug overdose."

HCV

HCV is spread through contact with blood of an infected person, primarily through sharing contaminated needles or injection drug use equipment (CDC fact sheet). There is no vaccine for HCV. The best way to prevent HCV infection is to never inject drugs or to stop injecting drugs by getting into and staying in a drug treatment program (CDC). People who continue to inject drugs should use new, sterile syringes each time and never reuse or share needles, water, or other drug preparation equipment. The Centers for Disease Control and Prevention (CDC) recommends HCV testing for people who inject drugs, all people living with HIV, and everyone born during 1945-1965.

Substance Abuse

People abuse substances such as drugs, alcohol, and tobacco for varied reasons. Substance abuse can have negative social, physical, mental, and public health impact on individuals, families and communities. In 2013, an estimated 9.4% of people over the age of 12 in the US engaged in illegal drug use.

Key Support Services and Staff

Disease Intervention Specialists conduct partner notification, verify treatment of infected individuals, assist infected individuals in developing risk-reduction plans, and refer for HIV Care Coordination.

HIV Care Coordinators provide an individualized plan of care that includes medical, psychosocial, financial, and other supportive services for free.

ISDH HIV Special Populations Support Program provides intensive support services to individuals diagnosed with HIV disease and chemical dependency. Services are offered throughout the state at 12 sites. For more information, call 317-233-7418.

Substance abuse and treatment services are provided by various providers in the area. For information, contact SAMHSA's National Helpline 1-800-487-4889 for 24-hour free and confidential treatment referral and information.

STD Prevention is HIV Prevention. The ISDH STD Prevention Program has opportunities for local health departments to receive test materials and medications for Chlamydia and gonorrhea. For more information, contact std@isdh.in.gov.

Key Contacts for Blackford County

Disease Investigation area: District 6

Local HIV Care Coordination

Meridian Health Services Corp
(765)288-1928

Disease Intervention Specialists

Melody Fuqua (765)254-1574
Brandon Todd (765)288-0763

HIV & STD Prevention Services

Open Door Family Planning

905 S. Walnut St., Muncie, IN 47305
(765)286-7000

Sliding Scale fees, Walk-ins accepted, Appointments preferred

Restrictions: Patient must be family planning patient or willing to become one

For more information, visit the ISDH HIV/STD website at: <https://secure.in.gov/isdh/17397.htm>

or contact the ISDH Local Health Department Outreach Division at

LHDinfo@isdh.in.gov (please put "County Profile" in subject line) or 317-234-6623.

Boone County Profile

Background

In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxycodone (brand name Opana) and sharing needles.

What Local Health Departments Can Do

As the local “eyes and ears on the ground,” public health staff are critical to the identification of outbreaks. To do this, the following are important:

- Promptly report new HIV cases to the ISDH Division of HIV/STD
- Promptly report new HCV cases to ISDH Epidemiology Resources Center.
- Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
- Become familiar with local data so any increases are easily identified.
- Know who to contact for assistance and appropriate health services.

This Profile is a tool to become familiar with local data, local resources, and to assist you in the decision-making process for local syringe exchange programs.

Syringe Exchange Programs

Syringe exchange programs provide people who inject drugs with an opportunity to reduce the spread of bloodborne diseases such as HIV and HCV, use sterile syringes, share syringes less often, and safely dispose of used syringes. The programs serve to connect hard-to-reach people who inject drugs with important public health services, including HIV and HCV testing, substance abuse treatment, sexually transmitted disease (STD) screening and treatment, and risk reduction counseling.

Syringe Exchange Law in Indiana (<https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251>)

In May, a new law went into effect to allow local health departments and law enforcement to work together to start a syringe exchange program in their counties if the following criteria are met:

13. Local health officer declares to county/municipality:
 - a. There is an epidemic of HCV or HIV;
 - b. The primary mode of transmission of HCV or HIV is injection drug use;
 - c. That a syringe exchange program is medically appropriate as part of the comprehensive public health response.
14. The executive/legislative body of county/municipality:
 - a. Conducts a public hearing and
 - b. Takes official action that adopts the declaration of the local health officer.
15. The executive/legislative body of county/municipality:
 - a. Notifies the State Health Commissioner of declaration;
 - b. Requests the State Health Commissioner to declare a public health emergency;
 - c. Indicates other measures taken to address the epidemic have not worked.
16. Commissioner must approve or deny within 10 days from submission.
 - a. Can request additional information extending the deadline for an additional 10 days

More information on steps local health departments and health care providers can take is found in the CDC Health Advisory at <http://emergency.cdc.gov/han/han00377.asp>.

Spotlight on Boone County, Indiana

	Boone County	Indiana
Population, 2014	61,915	6,596,855
HIV and HCV		
New HIV cases (rate per 100,000 population), 2014	<5 (*)	515 (8)
Total number of people living with HIV, 2014	36	11,547
Newly reported HCV cases (rate per 100,000 population), 2013	27(45)	4,535 (69)
Drug overdoses and deaths		
Annual average number of drug poisoning deaths (total rate per 100,000 population), 2009-2013**	7 (13)	966 (15)
Drug poisoning deaths per 100,000 population (rate per 100,000 pop), 2013	14 (23)	1049 (16)
Annual average number of non-fatal emergency room visits due to opioid overdoses (total rate per 100,000 population), 2009-2013**	19 (33)	1820 (28)
Non-fatal emergency room visits due to opioid overdoses (rate per 100,000 population), 2013	23 (38)	2,157 (33)
STDs		
Chlamydia cases (rate per 100,000 population), 2013	121 (200)	28,023 (432)
Gonorrhea cases (rate per 100,000 population), 2013	26 (43)	7,144 (110)

*Numbers less than 5, including 0.

**Drug poisoning deaths: underlying cause of death coded on death certificate as drug overdose fatality or "acute drug overdose."

HCV

HCV is spread through contact with blood of an infected person, primarily through sharing contaminated needles or injection drug use equipment (CDC fact sheet). There is no vaccine for HCV. The best way to prevent HCV infection is to never inject drugs or to stop injecting drugs by getting into and staying in a drug treatment program (CDC). People who continue to inject drugs should use new, sterile syringes each time and never reuse or share needles, water, or other drug preparation equipment. The Centers for Disease Control and Prevention (CDC) recommends HCV testing for people who inject drugs, all people living with HIV, and everyone born during 1945-1965.

Substance Abuse

People abuse substances such as drugs, alcohol, and tobacco for varied reasons. Substance abuse can have negative social, physical, mental, and public health impact on individuals, families and communities. In 2013, an estimated 9.4% of people over the age of 12 in the US engaged in illegal drug use.

Key Support Services and Staff

Disease Intervention Specialists conduct partner notification, verify treatment of infected individuals, assist infected individuals in developing risk-reduction plans, and refer for HIV Care Coordination.

HIV Care Coordinators provide an individualized plan of care that includes medical, psychosocial, financial, and other supportive services for free.

ISDH HIV Special Populations Support Program provides intensive

support services to individuals diagnosed with HIV disease and chemical dependency. Services are offered throughout the state at 12 sites. For more information, call 317-233-7418.

Substance abuse and treatment services are provided by various providers in the area. For information, contact SAMHSA's National Helpline 1-800-487-4889 for 24-hour free and confidential treatment referral and information.

STD Prevention is HIV Prevention. The ISDH STD Prevention Program has opportunities for local health departments to receive test materials and medications for Chlamydia and gonorrhea. For more information, contact std@isdh.in.gov.

Key Contacts for Boone County Disease Investigation area: District 5

Local HIV Care Coordination

Eskenazi Health (317)880-3503
Damien Center (800)213-1163
Concord Center (317)637-4376
Lifecare (317)962-2700
Step Up (317)259-7013 x16

Disease Intervention Specialists

Kari Haecker (317)221-8315
Lavida Joseph-Brown (317)221-8302
William Blakely, Bo Dawson, Ebony Gray,
Ervin Gainer, Mackenzie Szymanski, Julia
Lay, Ricky Ward, & Nate Nash

HIV & STD Prevention Services

Boone County Health Department

116 W. Washington St, Lebanon, IN
No appointment needed, Free testing for STD testing
Walk in hours are Thursdays from 9-11AM & 2-4PM

For more information, visit the ISDH HIV/STD website at: <https://secure.in.gov/isdh/17397.htm>

or contact the ISDH Local Health Department Outreach Division at

LHDinfo@isdh.in.gov (please put "County Profile" in subject line) or **317-234-6623**.

Brown County Profile

Background

In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxycodone (brand name Opana) and sharing needles.

What Local Health Departments Can Do

As the local “eyes and ears on the ground,” public health staff are critical to the identification of outbreaks. To do this, the following are important:

- Promptly report new HIV cases to the ISDH Division of HIV/STD/Viral Hepatitis.
- Promptly report new HCV cases to the ISDH Epidemiology Resources Center.
- Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
- Become familiar with local data so any increases are easily identified.
- Know who to contact for assistance and appropriate health services.

This Profile is a tool to become familiar with local data, local resources, and to assist you in the decision-making process for local syringe exchange programs.

Syringe Exchange Programs

Syringe exchange programs provide people who inject drugs with an opportunity to reduce the spread of bloodborne diseases such as HIV and HCV, use sterile syringes, share syringes less often, and safely dispose of used syringes. The programs serve to connect hard-to-reach people who inject drugs with important public health services, including HIV and HCV testing, substance abuse treatment, sexually transmitted disease (STD) screening and treatment, and risk reduction counseling.

Syringe Exchange Law in Indiana (<https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251>)

In May, a new law went into effect to allow local health departments and law enforcement to work together to start a syringe exchange program in their counties if the following criteria are met:

17. Local health officer declares to county/municipality:
 - a. There is an epidemic of HCV or HIV;
 - b. The primary mode of transmission of HCV or HIV is injection drug use;
 - c. That a syringe exchange program is medically appropriate as part of the comprehensive public health response.
18. The executive/legislative body of county/municipality:
 - a. Conducts a public hearing and
 - b. Takes official action that adopts the declaration of the local health officer.
19. The executive/legislative body of county/municipality:
 - a. Notifies the State Health Commissioner of declaration;
 - b. Requests the State Health Commissioner to declare a public health emergency;
 - c. Indicates other measures taken to address the epidemic have not worked.
20. Commissioner must approve or deny within 10 days from submission.
 - a. Can request additional information extending the deadline for an additional 10 days

More information on steps local health departments and health care providers can take is found in the CDC Health Advisory at <http://emergency.cdc.gov/han/han00377.asp>.

Spotlight on *Brown County, Indiana*

	Brown County	Indiana
Population, 2014	14,962	6,596,855
HIV and HCV		
New HIV cases (rate per 100,000 population), 2014	≤5 (*)	515 (8)
Total number of people living with HIV, 2014	23	11,547
Newly reported HCV cases (rate per 100,000 population), 2013	≤5 (*)	4,535 (69)
Drug overdoses and deaths		
Annual average number of drug poisoning deaths (total rate per 100,000 population), 2009-2013**	≤5 (*)	966 (15)
Drug poisoning deaths per 100,000 population (rate per 100,000 pop), 2013	≤5 (*)	1049 (16)
Annual average number of non-fatal emergency room visits due to opioid overdoses (total rate per 100,000 population), 2009-2013**	≤5 (*)	1820 (28)
Non-fatal emergency room visits due to opioid overdoses (rate per 100,000 population), 2013	≤5 (*)	2,157 (33)
STDs		
Chlamydia cases (rate per 100,000 population), 2013	21 (140)	28,023 (432)
Gonorrhea cases (rate per 100,000 population), 2013	≤5 (*)	7,144 (110)

*Numbers less than 5, including 0.

**Drug poisoning deaths: underlying cause of death coded on death certificate as drug overdose fatality or "acute drug overdose."

HCV

HCV is spread through contact with blood of an infected person, primarily through sharing contaminated needles or injection drug use equipment (CDC fact sheet). There is no vaccine for HCV. The best way to prevent HCV infection is to never inject drugs or to stop injecting drugs by getting into and staying in a drug treatment program (CDC). People who continue to inject drugs should use new, sterile syringes each time and never reuse or share needles, water, or other drug preparation equipment. The Centers for Disease Control and Prevention (CDC) recommends HCV testing for people who inject drugs, all people living with HIV, and everyone born during 1945-1965.

Substance Abuse

People abuse substances such as drugs, alcohol, and tobacco for varied reasons. Substance abuse can have negative social, physical, mental, and public health impact on individuals, families and communities. In 2013, an estimated 9.4% of people over the age of 12 in the US engaged in illegal drug use.

Key Support Services and Staff

Disease Intervention Specialists conduct partner notification, verify treatment of infected individuals, assist infected individuals in developing risk-reduction plans, and refer for HIV Care Coordination.

HIV Care Coordinators provide an individualized plan of care that includes medical, psychosocial, financial, and other supportive services for free.

ISDH HIV Special Populations Support Program provides intensive support services to individuals diagnosed with HIV disease and chemical dependency. Services are offered throughout the state at 12 sites. For more information, call 317-233-7418.

Substance abuse and treatment services are provided by various providers in the area. For information, contact SAMHSA's National Helpline 1-800-487-4889 for 24-hour free and confidential treatment referral and information.

STD Prevention is HIV Prevention. The ISDH STD Prevention Program has opportunities for local health departments to receive test materials and medications for Chlamydia and gonorrhea. For more information, contact std@isdh.in.gov.

Key Contacts for Brown County

Disease Investigation area: District 7

Local HIV Care Coordination

Positive Link IU Bloomington
(800)313-4645

Disease Intervention Specialists

Julie Hartley (812)349-2829
Miranda Ettinger

HIV & STD Prevention Services

Futures Family Planning Clinic

119 W. 7th St Lower Level, Bloomington, IN 47404
812-341-7343

Low cost, sliding scale fees
Please call for appointment

Patients must be Family Planning client or eligible to become one

For more information, visit the ISDH HIV/STD website at: <https://secure.in.gov/isdh/17397.htm>

or contact the ISDH Local Health Department Outreach Division at

LHDinfo@isdh.in.gov (please put "County Profile" in subject line) or **317-234-6623**.

Carroll County Profile

Background

In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxycodone (brand name Opana) and sharing needles.

What Local Health Departments Can Do

As the local “eyes and ears on the ground,” public health staff are critical to the identification of outbreaks. To do this, the following are important:

- Promptly report new HIV cases to the ISDH Division of HIV/STD/Viral Hepatitis.
- Promptly report new HCV cases to the ISDH Epidemiology Resources Center.
- Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
- Become familiar with local data so any increases are easily identified.
- Know who to contact for assistance and appropriate health services.

This Profile is a tool to become familiar with local data, local resources, and to assist you in the decision-making process for local syringe exchange programs.

Syringe Exchange Programs

Syringe exchange programs provide people who inject drugs with an opportunity to reduce the spread of bloodborne diseases such as HIV and HCV, use sterile syringes, share syringes less often, and safely dispose of used syringes. The programs serve to connect hard-to-reach people who inject drugs with important public health services, including HIV and HCV testing, substance abuse treatment, sexually transmitted disease (STD) screening and treatment, and risk reduction counseling.

Syringe Exchange Law in Indiana (<https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251>)

In May, a new law went into effect to allow local health departments and law enforcement to work together to start a syringe exchange program in their counties if the following criteria are met:

21. Local health officer declares to county/municipality:
 - a. There is an epidemic of HCV or HIV;
 - b. The primary mode of transmission of HCV or HIV is injection drug use;
 - c. That a syringe exchange program is medically appropriate as part of the comprehensive public health response.
22. The executive/legislative body of county/municipality:
 - a. Conducts a public hearing and
 - b. Takes official action that adopts the declaration of the local health officer.
23. The executive/legislative body of county/municipality:
 - a. Notifies the State Health Commissioner of declaration;
 - b. Requests the State Health Commissioner to declare a public health emergency;
 - c. Indicates other measures taken to address the epidemic have not worked.
24. Commissioner must approve or deny within 10 days from submission.
 - a. Can request additional information extending the deadline for an additional 10 days

More information on steps local health departments and health care providers can take is found in the CDC Health Advisory at <http://emergency.cdc.gov/han/han00377.asp>.

Spotlight on Carroll County, Indiana

	Carroll County	Indiana
Population, 2014	19,923	6,596,855
HIV and HCV		
New HIV cases (rate per 100,000 population), 2014	<5 (*)	515 (8)
Total number of people living with HIV, 2014	6	11,547
Newly reported HCV cases (rate per 100,000 population), 2013	5 (*)	4,535 (69)
Drug overdoses and deaths		
Annual average number of drug poisoning deaths (total rate per 100,000 population), 2009-2013**	<5 (*)	966 (15)
Drug poisoning deaths per 100,000 population (rate per 100,000 pop), 2013	<5 (*)	1049 (16)
Annual average number of non-fatal emergency room visits due to opioid overdoses (total rate per 100,000 population), 2009-2013**	<5 (*)	1820 (28)
Non-fatal emergency room visits due to opioid overdoses (rate per 100,000 population), 2013	11 (55)	2,157 (33)
STDs		
Chlamydia cases (rate per 100,000 population), 2013	37 (184)	28,023 (432)
Gonorrhea cases (rate per 100,000 population), 2013	<5 (*)	7,144 (110)

*Numbers less than 5, including 0.

**Drug poisoning deaths: underlying cause of death coded on death certificate as drug overdose fatality or "acute drug overdose."

HCV

HCV is spread through contact with blood of an infected person, primarily through sharing contaminated needles or injection drug use equipment (CDC fact sheet). There is no vaccine for HCV. The best way to prevent HCV infection is to never inject drugs or to stop injecting drugs by getting into and staying in a drug treatment program (CDC). People who continue to inject drugs should use new, sterile syringes each time and never reuse or share needles, water, or other drug preparation equipment. The Centers for Disease Control and Prevention (CDC) recommends HCV testing for people who inject drugs, all people living with HIV, and everyone born during 1945-1965.

Substance Abuse

People abuse substances such as drugs, alcohol, and tobacco for varied reasons. Substance abuse can have negative social, physical, mental, and public health impact on individuals, families and communities. In 2013, an estimated 9.4% of people over the age of 12 in the US engaged in illegal drug use.

Key Support Services and Staff

Disease Intervention Specialists conduct partner notification, verify treatment of infected individuals, assist infected individuals in developing risk-reduction plans, and refer for HIV Care Coordination.

HIV Care Coordinators provide an individualized plan of care that includes medical, psychosocial, financial, and other supportive services for free.

ISDH HIV Special Populations Support Program provides intensive support services to individuals diagnosed with HIV disease and chemical dependency. Services are offered throughout the state at 12 sites. For more information, call 317-233-7418.

Substance abuse and treatment services are provided by various providers in the area. For information, contact SAMHSA's National Helpline 1-800-487-4889 for 24-hour free and confidential treatment referral and information.

STD Prevention is HIV Prevention. The ISDH STD Prevention Program has opportunities for local health departments to receive test materials and medications for Chlamydia and gonorrhea. For more information, contact std@isdh.in.gov.

Key Contacts for Carroll County

Disease Investigation area: District 4

Local HIV Care Coordination

Aspire (West)
(765)742-4481

Disease Intervention Specialist

Summer Wagner-Walker
(765)635-7666

HIV & STD Prevention Services

Family Health Clinic of Carroll County

901 Prince William Rd, Delphi, IN 46923
(765)564-3016

Accepts any income level, can bill Medicaid, sliding scale fees available

For more information, visit the ISDH HIV/STD website at: <https://secure.in.gov/isdh/17397.htm>

or contact the ISDH Local Health Department Outreach Division at

LHInfo@isdh.in.gov (please put "County Profile" in subject line) or 317-234-6623.

Cass County Profile

Background

In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxycodone (brand name Opana) and sharing needles.

What Local Health Departments Can Do

As the local “eyes and ears on the ground,” public health staff are critical to the identification of outbreaks. To do this, the following are important:

- Promptly report new HIV cases to the ISDH Division of HIV/STD/Viral Hepatitis.
- Promptly report new HCV cases to the ISDH Epidemiology Resources Center.
- Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
- Become familiar with local data so any increases are easily identified.
- Know who to contact for assistance and appropriate health services.

This Profile is a tool to become familiar with local data, local resources, and to assist you in the decision-making process for local syringe exchange programs.

Syringe Exchange Programs

Syringe exchange programs provide people who inject drugs with an opportunity to reduce the spread of bloodborne diseases such as HIV and HCV, use sterile syringes, share syringes less often, and safely dispose of used syringes. The programs serve to connect hard-to-reach people who inject drugs with important public health services, including HIV and HCV testing, substance abuse treatment, sexually transmitted disease (STD) screening and treatment, and risk reduction counseling.

Syringe Exchange Law in Indiana (<https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251>)

In May, a new law went into effect to allow local health departments and law enforcement to work together to start a syringe exchange program in their counties if the following criteria are met:

25. Local health officer declares to county/municipality:
 - a. There is an epidemic of HCV or HIV;
 - b. The primary mode of transmission of HCV or HIV is injection drug use;
 - c. That a syringe exchange program is medically appropriate as part of the comprehensive public health response.
26. The executive/legislative body of county/municipality:
 - a. Conducts a public hearing and
 - b. Takes official action that adopts the declaration of the local health officer.
27. The executive/legislative body of county/municipality:
 - a. Notifies the State Health Commissioner of declaration;
 - b. Requests the State Health Commissioner to declare a public health emergency;
 - c. Indicates other measures taken to address the epidemic have not worked.
28. Commissioner must approve or deny within 10 days from submission.
 - a. Can request additional information extending the deadline for an additional 10 days

More information on steps local health departments and health care providers can take is found in the CDC Health Advisory at <http://emergency.cdc.gov/han/han00377.asp>.

Spotlight on Cass County, Indiana

	Cass County	Indiana
Population, 2014	38,438	6,596,855
<i>HIV and HCV</i>		
New HIV cases (rate per 100,000 population), 2014	<5 (*)	515 (8)
Total number of people living with HIV, 2014	30	11,547
Newly reported HCV cases (rate per 100,000 population), 2013	20 (52)	4,535 (69)
<i>Drug overdoses and deaths</i>		
Annual average number of drug poisoning deaths (total rate per 100,000 population), 2009-2013**	<5 (*)	966 (15)
Drug poisoning deaths per 100,000 population (rate per 100,000 pop), 2013	<5 (*)	1049 (16)
Annual average number of non-fatal emergency room visits due to opioid overdoses (total rate per 100,000 population), 2009-2013**	7 (18)	1820 (28)
Non-fatal emergency room visits due to opioid overdoses (rate per 100,000 population), 2013	8 (21)	2,157 (33)
<i>STDs</i>		
Chlamydia cases (rate per 100,000 population), 2013	122 (317)	28,023 (432)
Gonorrhea cases (rate per 100,000 population), 2013	6 (16)	7,144 (110)

*Numbers less than 5, including 0.

**Drug poisoning deaths: underlying cause of death coded on death certificate as drug overdose fatality or "acute drug overdose."

HCV

HCV is spread through contact with blood of an infected person, primarily through sharing contaminated needles or injection drug use equipment (CDC fact sheet). There is no vaccine for HCV. The best way to prevent HCV infection is to never inject drugs or to stop injecting drugs by getting into and staying in a drug treatment program (CDC). People who continue to inject drugs should use new, sterile syringes each time and never reuse or share needles, water, or other drug preparation equipment. The Centers for Disease Control and Prevention (CDC) recommends HCV testing for people who inject drugs, all people living with HIV, and everyone born during 1945-1965.

Substance Abuse

People abuse substances such as drugs, alcohol, and tobacco for varied reasons. Substance abuse can have negative social, physical, mental, and public health impact on individuals, families and communities. In 2013, an estimated 9.4% of people over the age of 12 in the US engaged in illegal drug use.

Key Support Services and Staff

Disease Intervention Specialists conduct partner notification, verify treatment of infected individuals, assist infected individuals in developing risk-reduction plans, and refer for HIV Care Coordination.

HIV Care Coordinators provide an individualized plan of care that includes medical, psychosocial, financial, and other supportive services for free.

ISDH HIV Special Populations Support Program provides intensive support services to individuals diagnosed with HIV disease and chemical dependency. Services are offered throughout the state at 12 sites. For more information, call 317-233-7418.

Substance abuse and treatment services are provided by various providers in the area. For information, contact SAMHSA's National Helpline 1-800-487-4889 for 24-hour free and confidential treatment referral and information.

STD Prevention is HIV Prevention. The ISDH STD Prevention Program has opportunities for local health departments to receive test materials and medications for Chlamydia and gonorrhea. For more information, contact std@isdh.in.gov.

Key Contacts for Cass County

Disease Investigation area: District 2

Local HIV Care Coordination

Aspire Indiana (Central)
(765)641-8326 x4528

Disease Intervention Specialists

Melissa Murawski (574)282-3230 x112
Lawrie Covey

HIV & STD Prevention Services

Cass County Community Health Center (IHC)

1700 Dividend Dr., Logansport, IN 46947
Appointment require, (574)722-7407
Sliding Scale fees, accepts Medicaid

For more information, visit the ISDH HIV/STD website at: <https://secure.in.gov/isdh/17397.htm>

or contact the ISDH Local Health Department Outreach Division at

LHDinfo@isdh.in.gov (please put "County Profile" in subject line) or **317-234-6623**.

Clark County Profile

Background

In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxycodone (brand name Opana) and sharing needles.

What Local Health Departments Can Do

As the local “eyes and ears on the ground,” public health staff are critical to the identification of outbreaks. To do this, the following are important:

- Promptly report new HIV cases to the ISDH Division of HIV/STD/Viral Hepatitis.
- Promptly report new HCV cases to the ISDH Epidemiology Resources Center.
- Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
- Become familiar with local data so any increases are easily identified.
- Know who to contact for assistance and appropriate health services.

This Profile is a tool to become familiar with local data, local resources, and to assist you in the decision-making process for local syringe exchange programs.

Syringe Exchange Programs

Syringe exchange programs provide people who inject drugs with an opportunity to reduce the spread of bloodborne diseases such as HIV and HCV, use sterile syringes, share syringes less often, and safely dispose of used syringes. The programs serve to connect hard-to-reach people who inject drugs with important public health services, including HIV and HCV testing, substance abuse treatment, sexually transmitted disease (STD) screening and treatment, and risk reduction counseling.

Syringe Exchange Law in Indiana (<https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251>)

In May, a new law went into effect to allow local health departments and law enforcement to work together to start a syringe exchange program in their counties if the following criteria are met:

29. Local health officer declares to county/municipality:
 - a. There is an epidemic of HCV or HIV;
 - b. The primary mode of transmission of HCV or HIV is injection drug use;
 - c. That a syringe exchange program is medically appropriate as part of the comprehensive public health response.
30. The executive/legislative body of county/municipality:
 - a. Conducts a public hearing and
 - b. Takes official action that adopts the declaration of the local health officer.
31. The executive/legislative body of county/municipality:
 - a. Notifies the State Health Commissioner of declaration;
 - b. Requests the State Health Commissioner to declare a public health emergency;
 - c. Indicates other measures taken to address the epidemic have not worked.
32. Commissioner must approve or deny within 10 days from submission.
 - a. Can request additional information extending the deadline for an additional 10 days

More information on steps local health departments and health care providers can take is found in the CDC Health Advisory at <http://emergency.cdc.gov/han/han00377.asp>.

Spotlight on Clark County, Indiana

	Clark County	Indiana
Population, 2014	114,262	6,596,855
HIV and HCV		
New HIV cases (rate per 100,000 population), 2014	12 (11)	515 (8)
Total number of people living with HIV, 2014	292	11,547
Newly reported HCV cases (rate per 100,000 population), 2013+	109 (97)	4,535 (69)
Drug overdoses and deaths		
Annual average number of drug poisoning deaths (total rate per 100,000 population), 2009-2013**	22 (20)	966 (15)
Drug poisoning deaths per 100,000 population (rate per 100,000 pop), 2013	20 (18)	1049 (16)
Annual average number of non-fatal emergency room visits due to opioid overdoses (total rate per 100,000 population), 2009-2013**	44 (40)	1820 (28)
Non-fatal emergency room visits due to opioid overdoses (rate per 100,000 population), 2013	68 (60)	2,157 (33)
STDs		
Chlamydia cases (rate per 100,000 population), 2013	37 (317)	28,023 (432)
Gonorrhea cases (rate per 100,000 population), 2013	82 (72)	7,144 (110)

*Numbers less than 5, including 0.

**Drug poisoning deaths: underlying cause of death coded on death certificate as drug overdose fatality or "acute drug overdose."

+Includes Department of Corrections cases.

HCV

HCV is spread through contact with blood of an infected person, primarily through sharing contaminated needles or injection drug use equipment (CDC fact sheet). There is no vaccine for HCV. The best way to prevent HCV infection is to never inject drugs or to stop injecting drugs by getting into and staying in a drug treatment program (CDC). People who continue to inject drugs should use new, sterile syringes each time and never reuse or share needles, water, or other drug preparation equipment. The Centers for Disease Control and Prevention (CDC) recommends HCV testing for people who inject drugs, all people living with HIV, and everyone born during 1945-1965.

Substance Abuse

People abuse substances such as drugs, alcohol, and tobacco for varied reasons. Substance abuse can have negative social, physical, mental, and public health impact on individuals, families and communities. In 2013, an estimated 9.4% of people over the age of 12 in the US engaged in illegal drug use.

Key Support Services and Staff

Disease Intervention Specialists conduct partner notification, verify treatment of infected individuals, assist infected individuals in developing risk-reduction plans, and refer for HIV Care Coordination.

HIV Care Coordinators provide an individualized plan of care that includes medical, psychosocial, financial, and other supportive services for free.

ISDH HIV Special Populations Support Program provides intensive support services to individuals diagnosed with HIV disease and chemical dependency. Services are offered throughout the state at 12 sites. For more information, call 317-233-7418.

Substance abuse and treatment services are provided by various providers in the area. For information, contact SAMHSA's National Helpline 1-800-487-4889 for 24-hour free and confidential treatment referral and information.

STD Prevention is HIV Prevention. The ISDH STD Prevention Program has opportunities for local health departments to receive test materials and medications for Chlamydia and gonorrhea. For more information, contact std@isdh.in.gov.

Key Contacts for Clark County

Disease Investigation area: District 9

Local HIV Care Coordination

Clark County Health Department
(800)828-5624

Disease Intervention Specialists

Dorothy Waterhouse (812)288-2706
Jesse Shields (812)283-2738

HIV & STD Prevention Services

Clark County Health Department

1301 Akers Ave, Jeffersonville, IN 47130
M-F 9AM-5PM, (812)288-2706

Free HIV testing M-F by appointment only
STD testing on Tuesday afternoons, \$20.00 fee

For more information, visit the ISDH HIV/STD website at: <https://secure.in.gov/isdh/17397.htm>

or contact the ISDH Local Health Department Outreach Division at

LHDinfo@isdh.in.gov (please put "County Profile" in subject line) or 317-234-6623.

Clay County Profile

Background

In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxycodone (brand name Opana) and sharing needles.

What Local Health Departments Can Do

As the local “eyes and ears on the ground,” public health staff are critical to the identification of outbreaks. To do this, the following are important:

- Promptly report new HIV cases to the ISDH Division of HIV/STD/Viral Hepatitis.
- Promptly report new HCV cases to the ISDH Epidemiology Resources Center.
- Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
- Become familiar with local data so any increases are easily identified.
- Know who to contact for assistance and appropriate health services.

This Profile is a tool to become familiar with local data, local resources, and to assist you in the decision-making process for local syringe exchange programs.

Syringe Exchange Programs

Syringe exchange programs provide people who inject drugs with an opportunity to reduce the spread of bloodborne diseases such as HIV and HCV, use sterile syringes, share syringes less often, and safely dispose of used syringes. The programs serve to connect hard-to-reach people who inject drugs with important public health services, including HIV and HCV testing, substance abuse treatment, sexually transmitted disease (STD) screening and treatment, and risk reduction counseling.

Syringe Exchange Law in Indiana (<https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251>)

In May, a new law went into effect to allow local health departments and law enforcement to work together to start a syringe exchange program in their counties if the following criteria are met:

33. Local health officer declares to county/municipality:
 - a. There is an epidemic of HCV or HIV;
 - b. The primary mode of transmission of HCV or HIV is injection drug use;
 - c. That a syringe exchange program is medically appropriate as part of the comprehensive public health response.
34. The executive/legislative body of county/municipality:
 - a. Conducts a public hearing and
 - b. Takes official action that adopts the declaration of the local health officer.
35. The executive/legislative body of county/municipality:
 - a. Notifies the State Health Commissioner of declaration;
 - b. Requests the State Health Commissioner to declare a public health emergency;
 - c. Indicates other measures taken to address the epidemic have not worked.
36. Commissioner must approve or deny within 10 days from submission.
 - a. Can request additional information extending the deadline for an additional 10 days

More information on steps local health departments and health care providers can take is found in the CDC Health Advisory at <http://emergency.cdc.gov/han/han00377.asp>.

Spotlight on Clay County, Indiana

	Clay County	Indiana
Population, 2014	26,562	6,596,855
HIV and HCV		
New HIV cases (rate per 100,000 population), 2014	<5 (*)	515 (8)
Total number of people living with HIV, 2014	28	11,547
Newly reported HCV cases (rate per 100,000 population), 2013	<5 (*)	4,535 (69)
Drug overdoses and deaths		
Annual average number of drug poisoning deaths (total rate per 100,000 population), 2009-2013**	<5 (*)	966 (15)
Drug poisoning deaths per 100,000 population (rate per 100,000 pop), 2013	5 (19)	1049 (16)
Annual average number of non-fatal emergency room visits due to opioid overdoses (total rate per 100,000 population), 2009-2013**	7 (27)	1820 (28)
Non-fatal emergency room visits due to opioid overdoses (rate per 100,000 population), 2013	8 (30)	2,157 (33)
STDs		
Chlamydia cases (rate per 100,000 population), 2013	73 (272)	28,023 (432)
Gonorrhea cases (rate per 100,000 population), 2013	<5 (*)	7,144 (110)

*Numbers less than 5, including 0.

**Drug poisoning deaths: underlying cause of death coded on death certificate as drug overdose fatality or "acute drug overdose."

HCV

HCV is spread through contact with blood of an infected person, primarily through sharing contaminated needles or injection drug use equipment (CDC fact sheet). There is no vaccine for HCV. The best way to prevent HCV infection is to never inject drugs or to stop injecting drugs by getting into and staying in a drug treatment program (CDC). People who continue to inject drugs should use new, sterile syringes each time and never reuse or share needles, water, or other drug preparation equipment. The Centers for Disease Control and Prevention (CDC) recommends HCV testing for people who inject drugs, all people living with HIV, and everyone born during 1945-1965.

Substance Abuse

People abuse substances such as drugs, alcohol, and tobacco for varied reasons. Substance abuse can have negative social, physical, mental, and public health impact on individuals, families and communities. In 2013, an estimated 9.4% of people over the age of 12 in the US engaged in illegal drug use.

Key Support Services and Staff

Disease Intervention Specialists conduct partner notification, verify treatment of infected individuals, assist infected individuals in developing risk-reduction plans, and refer for HIV Care Coordination.

HIV Care Coordinators provide an individualized plan of care that includes medical, psychosocial, financial, and other supportive services for free.

ISDH HIV Special Populations Support Program provides intensive support services to individuals diagnosed with HIV disease and chemical dependency. Services are offered throughout the state at 12 sites. For more information, call 317-233-7418.

Substance abuse and treatment services are provided by various providers in the area. For information, contact SAMHSA's National Helpline 1-800-487-4889 for 24-hour free and confidential treatment referral and information.

STD Prevention is HIV Prevention. The ISDH STD Prevention Program has opportunities for local health departments to receive test materials and medications for Chlamydia and gonorrhea. For more information, contact std@isdh.in.gov.

Key Contacts for Clay County

Disease Investigation area: District 7

Local HIV Care Coordination

Positive Link IU Bloomington
(800)313-4645

Disease Intervention Specialists

Julie Hartley (812)349-2829
Miranda Ettinger

HIV & STD Prevention Services

Crisis Pregnancy Center- Brazil office

20 N. Meridian St, Brazil, IN 812-448-3444
M-Th, 12PM-5PM

For more information, visit the ISDH HIV/STD website at: <https://secure.in.gov/isdh/17397.htm>

or contact the ISDH Local Health Department Outreach Division at

LHDinfo@isdh.in.gov (please put "County Profile" in subject line) or **317-234-6623**.

Clinton County Profile

Background

In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxycodone (brand name Opana) and sharing needles.

What Local Health Departments Can Do

As the local “eyes and ears on the ground,” public health staff are critical to the identification of outbreaks. To do this, the following are important:

- Promptly report new HIV cases to the ISDH Division of HIV/STD/Viral Hepatitis.
- Promptly report new HCV cases to the ISDH Epidemiology Resources Center.
- Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
- Become familiar with local data so any increases are easily identified.
- Know who to contact for assistance and appropriate health services.

This Profile is a tool to become familiar with local data, local resources, and to assist you in the decision-making process for local syringe exchange programs.

Syringe Exchange Programs

Syringe exchange programs provide people who inject drugs with an opportunity to reduce the spread of bloodborne diseases such as HIV and HCV, use sterile syringes, share syringes less often, and safely dispose of used syringes. The programs serve to connect hard-to-reach people who inject drugs with important public health services, including HIV and HCV testing, substance abuse treatment, sexually transmitted disease (STD) screening and treatment, and risk reduction counseling.

Syringe Exchange Law in Indiana (<https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251>)

In May, a new law went into effect to allow local health departments and law enforcement to work together to start a syringe exchange program in their counties if the following criteria are met:

37. Local health officer declares to county/municipality:
 - a. There is an epidemic of HCV or HIV;
 - b. The primary mode of transmission of HCV or HIV is injection drug use;
 - c. That a syringe exchange program is medically appropriate as part of the comprehensive public health response.
38. The executive/legislative body of county/municipality:
 - a. Conducts a public hearing and
 - b. Takes official action that adopts the declaration of the local health officer.
39. The executive/legislative body of county/municipality:
 - a. Notifies the State Health Commissioner of declaration;
 - b. Requests the State Health Commissioner to declare a public health emergency;
 - c. Indicates other measures taken to address the epidemic have not worked.
40. Commissioner must approve or deny within 10 days from submission.
 - a. Can request additional information extending the deadline for an additional 10 days

More information on steps local health departments and health care providers can take is found in the CDC Health Advisory at <http://emergency.cdc.gov/han/han00377.asp>.

Spotlight on Clinton County, Indiana

	Clinton County	Indiana
Population, 2014	32,776	6,596,855
HIV and HCV		
New HIV cases (rate per 100,000 population), 2014	<5 (*)	515 (8)
Total number of people living with HIV, 2014	16	11,547
Newly reported HCV cases (rate per 100,000 population), 2013	19 (58)	4,535 (69)
Drug overdoses and deaths		
Annual average number of drug poisoning deaths (total rate per 100,000 population), 2009-2013**	<5 (*)	966 (15)
Drug poisoning deaths per 100,000 population (rate per 100,000 pop), 2013	5 (15)	1049 (16)
Annual average number of non-fatal emergency room visits due to opioid overdoses (total rate per 100,000 population), 2009-2013**	21 (63)	1820 (28)
Non-fatal emergency room visits due to opioid overdoses (rate per 100,000 population), 2013	30 (91)	2,157 (33)
STDs		
Chlamydia cases (rate per 100,000 population), 2013	86 (261)	28,023 (432)
Gonorrhea cases (rate per 100,000 population), 2013	<5 (*)	7,144 (110)

*Numbers less than 5, including 0.

**Drug poisoning deaths: underlying cause of death coded on death certificate as drug overdose fatality or "acute drug overdose."

HCV

HCV is spread through contact with blood of an infected person, primarily through sharing contaminated needles or injection drug use equipment (CDC fact sheet). There is no vaccine for HCV. The best way to prevent HCV infection is to never inject drugs or to stop injecting drugs by getting into and staying in a drug treatment program (CDC). People who continue to inject drugs should use new, sterile syringes each time and never reuse or share needles, water, or other drug preparation equipment. The Centers for Disease Control and Prevention (CDC) recommends HCV testing for people who inject drugs, all people living with HIV, and everyone born during 1945-1965.

Substance Abuse

People abuse substances such as drugs, alcohol, and tobacco for varied reasons. Substance abuse can have negative social, physical, mental, and public health impact on individuals, families and communities. In 2013, an estimated 9.4% of people over the age of 12 in the US engaged in illegal drug use.

Key Support Services and Staff

Disease Intervention Specialists conduct partner notification, verify treatment of infected individuals, assist infected individuals in developing risk-reduction plans, and refer for HIV Care Coordination.

HIV Care Coordinators provide an individualized plan of care that includes medical, psychosocial, financial, and other supportive services for free.

ISDH HIV Special Populations Support Program provides intensive support services to individuals diagnosed with HIV disease and chemical dependency. Services are offered throughout the state at 12 sites. For more information, call 317-233-7418.

Substance abuse and treatment services are provided by various providers in the area. For information, contact SAMHSA's National Helpline 1-800-487-4889 for 24-hour free and confidential treatment referral and information.

STD Prevention is HIV Prevention. The ISDH STD Prevention Program has opportunities for local health departments to receive test materials and medications for Chlamydia and gonorrhea. For more information, contact std@isdh.in.gov.

For more information, visit the ISDH HIV/STD website at: <https://secure.in.gov/isdh/17397.htm>

or contact the ISDH Local Health Department Outreach Division at

LHDinfo@isdh.in.gov (please put "County Profile" in subject line) or **317-234-6623**.

Key Contacts for Clinton County

Disease Investigation area: District 4

Local HIV Care Coordination

Aspire (West)
(765)742-4481

Disease Intervention Specialist

Summer Wagner-Walker
(765)635-7666

HIV & STD Prevention Services

Boone County Health Department

116 W. Washington St, Lebanon, IN

No appointment needed, Free testing for STD testing

Walk in hours are Thursdays from 9-11AM & 2-4PM

Crawford County Profile

Background

In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxycodone (brand name Opana) and sharing needles.

What Local Health Departments Can Do

As the local “eyes and ears on the ground,” public health staff are critical to the identification of outbreaks. To do this, the following are important:

- Promptly report new HIV cases to the ISDH Division of HIV/STD/Viral Hepatitis.
- Promptly report new HCV cases to the ISDH Epidemiology Resources Center.
- Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
- Become familiar with local data so any increases are easily identified.
- Know who to contact for assistance and appropriate health services.

This Profile is a tool to become familiar with local data, local resources, and to assist you in the decision-making process for local syringe exchange programs.

Syringe Exchange Programs

Syringe exchange programs provide people who inject drugs with an opportunity to reduce the spread of bloodborne diseases such as HIV and HCV, use sterile syringes, share syringes less often, and safely dispose of used syringes. The programs serve to connect hard-to-reach people who inject drugs with important public health services, including HIV and HCV testing, substance abuse treatment, sexually transmitted disease (STD) screening and treatment, and risk reduction counseling.

Syringe Exchange Law in Indiana (<https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251>)

In May, a new law went into effect to allow local health departments and law enforcement to work together to start a syringe exchange program in their counties if the following criteria are met:

41. Local health officer declares to county/municipality:
 - a. There is an epidemic of HCV or HIV;
 - b. The primary mode of transmission of HCV or HIV is injection drug use;
 - c. That a syringe exchange program is medically appropriate as part of the comprehensive public health response.
42. The executive/legislative body of county/municipality:
 - a. Conducts a public hearing and
 - b. Takes official action that adopts the declaration of the local health officer.
43. The executive/legislative body of county/municipality:
 - a. Notifies the State Health Commissioner of declaration;
 - b. Requests the State Health Commissioner to declare a public health emergency;
 - c. Indicates other measures taken to address the epidemic have not worked.
44. Commissioner must approve or deny within 10 days from submission.
 - a. Can request additional information extending the deadline for an additional 10 days

More information on steps local health departments and health care providers can take is found in the CDC Health Advisory at <http://emergency.cdc.gov/han/han00377.asp>.

Spotlight on Crawford County, Indiana

	Crawford County	Indiana
Population, 2014	10,655	6,596,855
HIV and HCV		
New HIV cases (rate per 100,000 population), 2014	<5 (*)	515 (8)
Total number of people living with HIV, 2014	<5	11,547
Newly reported HCV cases (rate per 100,000 population), 2013	6 (57)	4,535 (69)
Drug overdoses and deaths		
Annual average number of drug poisoning deaths (total rate per 100,000 population), 2009-2013**	<5 (*)	966 (15)
Drug poisoning deaths per 100,000 population (rate per 100,000 pop), 2013	<5 (*)	1049 (16)
Annual average number of non-fatal emergency room visits due to opioid overdoses (total rate per 100,000 population), 2009-2013**	<5 (*)	1820 (28)
Non-fatal emergency room visits due to opioid overdoses (rate per 100,000 population), 2013	<5 (*)	2,157 (33)
STDs		
Chlamydia cases (rate per 100,000 population), 2013	21 (198)	28,023 (432)
Gonorrhea cases (rate per 100,000 population), 2013	<5 (*)	7,144 (110)

*Numbers less than 5, including 0.

**Drug poisoning deaths: underlying cause of death coded on death certificate as drug overdose fatality or "acute drug overdose."

HCV

HCV is spread through contact with blood of an infected person, primarily through sharing contaminated needles or injection drug use equipment (CDC fact sheet). There is no vaccine for HCV. The best way to prevent HCV infection is to never inject drugs or to stop injecting drugs by getting into and staying in a drug treatment program (CDC). People who continue to inject drugs should use new, sterile syringes each time and never reuse or share needles, water, or other drug preparation equipment. The Centers for Disease Control and Prevention (CDC) recommends HCV testing for people who inject drugs, all people living with HIV, and everyone born during 1945-1965.

Substance Abuse

People abuse substances such as drugs, alcohol, and tobacco for varied reasons. Substance abuse can have negative social, physical, mental, and public health impact on individuals, families and communities. In 2013, an estimated 9.4% of people over the age of 12 in the US engaged in illegal drug use.

Key Support Services and Staff

Disease Intervention Specialists conduct partner notification, verify treatment of infected individuals, assist infected individuals in developing risk-reduction plans, and refer for HIV Care Coordination.

HIV Care Coordinators provide an individualized plan of care that includes medical, psychosocial, financial, and other supportive services for free.

ISDH HIV Special Populations Support Program provides intensive support services to individuals diagnosed with HIV disease and chemical dependency. Services are offered throughout the state at 12 sites. For more information, call 317-233-7418.

Substance abuse and treatment services are provided by various providers in the area. For information, contact SAMHSA's National Helpline 1-800-487-4889 for 24-hour free and confidential treatment referral and information.

STD Prevention is HIV Prevention. The ISDH STD Prevention Program has opportunities for local health departments to receive test materials and medications for Chlamydia and gonorrhea. For more information, contact std@isdh.in.gov.

Key Contacts for Crawford County

Disease Investigation area: District 9

Local HIV Care Coordination

Clark County Health Department
(800)828-5624

Disease Intervention Specialists

Dorothy Waterhouse (812)288-2706
Jesse Shields (812)283-2738

HIV & STD Prevention Services

Clark County Health Department

1301 Akers Ave, Jeffersonville, IN 47130
M-F 9AM-5PM, (812)288-2706

Free HIV testing M-F by appointment only
STD testing on Tuesday afternoons, \$20.00 fee

For more information, visit the ISDH HIV/STD website at: <https://secure.in.gov/isdh/17397.htm>

or contact the ISDH Local Health Department Outreach Division at

LHDinfo@isdh.in.gov (please put "County Profile" in subject line) or **317-234-6623**.

Daviess County Profile

Background

In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxymorphone (brand name Opana) and sharing needles.

What Local Health Departments Can Do

As the local “eyes and ears on the ground,” public health staff are critical to the identification of outbreaks. To do this, the following are important:

- Promptly report new HIV cases to the ISDH Division of HIV/STD/Viral Hepatitis.
- Promptly report new HCV cases to the ISDH Epidemiology Resources Center.
- Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
- Become familiar with local data so any increases are easily identified.
- Know who to contact for assistance and appropriate health services.

This Profile is a tool to become familiar with local data, local resources, and to assist you in the decision-making process for local syringe exchange programs.

Syringe Exchange Programs

Syringe exchange programs provide people who inject drugs with an opportunity to reduce the spread of bloodborne diseases such as HIV and HCV, use sterile syringes, share syringes less often, and safely dispose of used syringes. The programs serve to connect hard-to-reach people who inject drugs with important public health services, including HIV and HCV testing, substance abuse treatment, sexually transmitted disease (STD) screening and treatment, and risk reduction counseling.

Syringe Exchange Law in Indiana (<https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251>)

In May, a new law went into effect to allow local health departments and law enforcement to work together to start a syringe exchange program in their counties if the following criteria are met:

45. Local health officer declares to county/municipality:
 - a. There is an epidemic of HCV or HIV;
 - b. The primary mode of transmission of HCV or HIV is injection drug use;
 - c. That a syringe exchange program is medically appropriate as part of the comprehensive public health response.
46. The executive/legislative body of county/municipality:
 - a. Conducts a public hearing and
 - b. Takes official action that adopts the declaration of the local health officer.
47. The executive/legislative body of county/municipality:
 - a. Notifies the State Health Commissioner of declaration;
 - b. Requests the State Health Commissioner to declare a public health emergency;
 - c. Indicates other measures taken to address the epidemic have not worked.
48. Commissioner must approve or deny within 10 days from submission.
 - a. Can request additional information extending the deadline for an additional 10 days

More information on steps local health departments and health care providers can take is found in the CDC Health Advisory at <http://emergency.cdc.gov/han/han00377.asp>.

Spotlight on Daviess County, Indiana

	Daviess County	Indiana
Population, 2014	32,729	6,596,855
HIV and HCV		
New HIV cases (rate per 100,000 population), 2014	<5 (*)	515 (8)
Total number of people living with HIV, 2014	22	11,547
Newly reported HCV cases (rate per 100,000 population), 2013	14 (43)	4,535 (69)
Drug overdoses and deaths		
Annual average number of drug poisoning deaths (total rate per 100,000 population), 2009-2013**	< 5 (*)	966 (15)
Drug poisoning deaths per 100,000 population (rate per 100,000 pop), 2013	<5 (*)	1049 (16)
Annual average number of non-fatal emergency room visits due to opioid overdoses (total rate per 100,000 population), 2009-2013**	6 (19)	1820 (28)
Non-fatal emergency room visits due to opioid overdoses (rate per 100,000 population), 2013	5 (15)	2,157 (33)
STDs		
Chlamydia cases (rate per 100,000 population), 2013	100 (309)	28,023 (432)
Gonorrhea cases (rate per 100,000 population), 2013	12 (37)	7,144 (110)

*Numbers less than 5, including 0.

**Drug poisoning deaths: underlying cause of death coded on death certificate as drug overdose fatality or "acute drug overdose."

HCV

HCV is spread through contact with blood of an infected person, primarily through sharing contaminated needles or injection drug use equipment (CDC fact sheet). There is no vaccine for HCV. The best way to prevent HCV infection is to never inject drugs or to stop injecting drugs by getting into and staying in a drug treatment program (CDC). People who continue to inject drugs should use new, sterile syringes each time and never reuse or share needles, water, or other drug preparation equipment. The Centers for Disease Control and Prevention (CDC) recommends HCV testing for people who inject drugs, all people living with HIV, and everyone born during 1945-1965.

Substance Abuse

People abuse substances such as drugs, alcohol, and tobacco for varied reasons. Substance abuse can have negative social, physical, mental, and public health impact on individuals, families and communities. In 2013, an estimated 9.4% of people over the age of 12 in the US engaged in illegal drug use.

Key Support Services and Staff

Disease Intervention Specialists conduct partner notification, verify treatment of infected individuals, assist infected individuals in developing risk-reduction plans, and refer for HIV Care Coordination.

HIV Care Coordinators provide an individualized plan of care that includes medical, psychosocial, financial, and other supportive services for free.

ISDH HIV Special Populations Support Program provides intensive support services to individuals diagnosed with HIV disease and chemical dependency. Services are offered throughout the state at 12 sites. For more information, call 317-233-7418.

Substance abuse and treatment services are provided by various providers in the area. For information, contact SAMHSA's National Helpline 1-800-487-4889 for 24-hour free and confidential treatment referral and information.

STD Prevention is HIV Prevention. The ISDH STD Prevention Program has opportunities for local health departments to receive test materials and medications for Chlamydia and gonorrhea. For more information, contact std@isdh.in.gov.

Key Contacts for Daviess County

Disease Investigation area: District 8

Local HIV Care Coordination

AIDS Resource Group of Evansville
(800)423-6255

Disease Intervention Specialists

Wallace Corbitt, 812-435-5683
Wallace Paynter
Ashlee Stone Neighbors

HIV & STD Prevention Services

Pace Health Connections

2 NE 21st street, Washington, IN 47501
(812)254-6936
Sliding scale fees based on income
Will test for STDs and HIV

For more information, visit the ISDH HIV/STD website at: <https://secure.in.gov/isdh/17397.htm>

or contact the ISDH Local Health Department Outreach Division at

LHDinfo@isdh.in.gov (please put "County Profile" in subject line) or **317-234-6623**.

Dearborn County Profile

Background

In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxycodone (brand name Opana) and sharing needles.

What Local Health Departments Can Do

As the local “eyes and ears on the ground,” public health staff are critical to the identification of outbreaks. To do this, the following are important:

- Promptly report new HIV cases to the ISDH Division of HIV/STD/Viral Hepatitis.
- Promptly report new HCV cases to the ISDH Epidemiology Resources Center.
- Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
- Become familiar with local data so any increases are easily identified.
- Know who to contact for assistance and appropriate health services.

This Profile is a tool to become familiar with local data, local resources, and to assist you in the decision-making process for local syringe exchange programs.

Syringe Exchange Programs

Syringe exchange programs provide people who inject drugs with an opportunity to reduce the spread of bloodborne diseases such as HIV and HCV, use sterile syringes, share syringes less often, and safely dispose of used syringes. The programs serve to connect hard-to-reach people who inject drugs with important public health services, including HIV and HCV testing, substance abuse treatment, sexually transmitted disease (STD) screening and treatment, and risk reduction counseling.

Syringe Exchange Law in Indiana (<https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251>)

In May, a new law went into effect to allow local health departments and law enforcement to work together to start a syringe exchange program in their counties if the following criteria are met:

49. Local health officer declares to county/municipality:
 - a. There is an epidemic of HCV or HIV;
 - b. The primary mode of transmission of HCV or HIV is injection drug use;
 - c. That a syringe exchange program is medically appropriate as part of the comprehensive public health response.
50. The executive/legislative body of county/municipality:
 - a. Conducts a public hearing and
 - b. Takes official action that adopts the declaration of the local health officer.
51. The executive/legislative body of county/municipality:
 - a. Notifies the State Health Commissioner of declaration;
 - b. Requests the State Health Commissioner to declare a public health emergency;
 - c. Indicates other measures taken to address the epidemic have not worked.
52. Commissioner must approve or deny within 10 days from submission.
 - a. Can request additional information extending the deadline for an additional 10 days

More information on steps local health departments and health care providers can take is found in the CDC Health Advisory at <http://emergency.cdc.gov/han/han00377.asp>.

Spotlight on Dearborn County, Indiana

	Dearborn County	Indiana
Population, 2014	49,506	6,596,855
HIV and HCV		
New HIV cases (rate per 100,000 population), 2014	<5 (*)	515 (8)
Total number of people living with HIV, 2014	17	11,547
Newly reported HCV cases (rate per 100,000 population), 2013	58 (116)	4,535 (69)
Drug overdoses and deaths		
Annual average number of drug poisoning deaths (total rate per 100,000 population), 2009-2013**	11 (23)	966 (15)
Drug poisoning deaths per 100,000 population (rate per 100,000 pop), 2013	8 (16)	1049 (16)
Annual average number of non-fatal emergency room visits due to opioid overdoses (total rate per 100,000 population), 2009-2013**	9 (18)	1820 (28)
Non-fatal emergency room visits due to opioid overdoses (rate per 100,000 population), 2013	8 (16)	2,157 (33)
STDs		
Chlamydia cases (rate per 100,000 population), 2013	101 (384)	28,023 (432)
Gonorrhea cases (rate per 100,000 population), 2013	16 (61)	7,144 (110)

*Numbers less than 5, including 0.

**Drug poisoning deaths: underlying cause of death coded on death certificate as drug overdose fatality or "acute drug overdose."

HCV

HCV is spread through contact with blood of an infected person, primarily through sharing contaminated needles or injection drug use equipment (CDC fact sheet). There is no vaccine for HCV. The best way to prevent HCV infection is to never inject drugs or to stop injecting drugs by getting into and staying in a drug treatment program (CDC). People who continue to inject drugs should use new, sterile syringes each time and never reuse or share needles, water, or other drug preparation equipment. The Centers for Disease Control and Prevention (CDC) recommends HCV testing for people who inject drugs, all people living with HIV, and everyone born during 1945-1965.

Substance Abuse

People abuse substances such as drugs, alcohol, and tobacco for varied reasons. Substance abuse can have negative social, physical, mental, and public health impact on individuals, families and communities. In 2013, an estimated 9.4% of people over the age of 12 in the US engaged in illegal drug use.

Key Support Services and Staff

Disease Intervention Specialists conduct partner notification, verify treatment of infected individuals, assist infected individuals in developing risk-reduction plans, and refer for HIV Care Coordination.

HIV Care Coordinators provide an individualized plan of care that includes medical, psychosocial, financial, and other supportive services for free.

ISDH HIV Special Populations Support Program provides intensive support services to individuals diagnosed with HIV disease and chemical dependency. Services are offered throughout the state at 12 sites. For more information, call 317-233-7418.

Substance abuse and treatment services are provided by various providers in the area. For information, contact SAMHSA's National Helpline 1-800-487-4889 for 24-hour free and confidential treatment referral and information.

STD Prevention is HIV Prevention. The ISDH STD Prevention Program has opportunities for local health departments to receive test materials and medications for Chlamydia and gonorrhea. For more information, contact std@isdh.in.gov.

Key Contacts for Dearborn County

Disease Investigation area: District 9

Local HIV Care Coordination

Aspire (Southeast)
(765)962-8742

Disease Intervention Specialists

Dorothy Waterhouse (812)288-2706
Jesse Shields (812)283-2738

HIV & STD Prevention Services

Clark County Health Department

1301 Akers Ave, Jeffersonville, IN 47130
M-F 9AM-5PM, (812)288-2706

Free HIV testing M-F by appointment only
STD testing on Tuesday afternoons, \$20.00 fee

For more information, visit the ISDH HIV/STD website at: <https://secure.in.gov/isdh/17397.htm>

or contact the ISDH Local Health Department Outreach Division at

LHDinfo@isdh.in.gov (please put "County Profile" in subject line) or **317-234-6623**.

Decatur County Profile

Background

In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxymorphone (brand name Opana) and sharing needles.

What Local Health Departments Can Do

As the local “eyes and ears on the ground,” public health staff are critical to the identification of outbreaks. To do this, the following are important:

- Promptly report new HIV cases to the ISDH Division of HIV/STD/Viral Hepatitis.
- Promptly report new HCV cases to the ISDH Epidemiology Resources Center.
- Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
- Become familiar with local data so any increases are easily identified.
- Know who to contact for assistance and appropriate health services.

This Profile is a tool to become familiar with local data, local resources, and to assist you in the decision-making process for local syringe exchange programs.

Syringe Exchange Programs

Syringe exchange programs provide people who inject drugs with an opportunity to reduce the spread of bloodborne diseases such as HIV and HCV, use sterile syringes, share syringes less often, and safely dispose of used syringes. The programs serve to connect hard-to-reach people who inject drugs with important public health services, including HIV and HCV testing, substance abuse treatment, sexually transmitted disease (STD) screening and treatment, and risk reduction counseling.

Syringe Exchange Law in Indiana (<https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251>)

In May, a new law went into effect to allow local health departments and law enforcement to work together to start a syringe exchange program in their counties if the following criteria are met:

53. Local health officer declares to county/municipality:
 - a. There is an epidemic of HCV or HIV;
 - b. The primary mode of transmission of HCV or HIV is injection drug use;
 - c. That a syringe exchange program is medically appropriate as part of the comprehensive public health response.
54. The executive/legislative body of county/municipality:
 - a. Conducts a public hearing and
 - b. Takes official action that adopts the declaration of the local health officer.
55. The executive/legislative body of county/municipality:
 - a. Notifies the State Health Commissioner of declaration;
 - b. Requests the State Health Commissioner to declare a public health emergency;
 - c. Indicates other measures taken to address the epidemic have not worked.
56. Commissioner must approve or deny within 10 days from submission.
 - a. Can request additional information extending the deadline for an additional 10 days

More information on steps local health departments and health care providers can take is found in the CDC Health Advisory at <http://emergency.cdc.gov/han/han00377.asp>.

Spotlight on Decatur County, Indiana

	Decatur County	Indiana
Population, 2014	26,524	6,596,855
HIV and HCV		
New HIV cases (rate per 100,000 population), 2014	<5 (*)	515 (8)
Total number of people living with HIV, 2014	17	11,547
Newly reported HCV cases (rate per 100,000 population), 2013	6 (23)	4,535 (69)
Drug overdoses and deaths		
Annual average number of drug poisoning deaths (total rate per 100,000 population), 2009-2013**	<5 (*)	966 (15)
Drug poisoning deaths per 100,000 population (rate per 100,000 pop), 2013	6 (23)	1049 (16)
Annual average number of non-fatal emergency room visits due to opioid overdoses (total rate per 100,000 population), 2009-2013**	10 (40)	1820 (28)
Non-fatal emergency room visits due to opioid overdoses (rate per 100,000 population), 2013	16 (61)	2,157 (33)
STDs		
Chlamydia cases (rate per 100,000 population), 2013	32 (76)	28,023 (432)
Gonorrhea cases (rate per 100,000 population), 2013	<5 (*)	7,144 (110)

*Numbers less than 5, including 0.

**Drug poisoning deaths: underlying cause of death coded on death certificate as drug overdose fatality or "acute drug overdose."

HCV

HCV is spread through contact with blood of an infected person, primarily through sharing contaminated needles or injection drug use equipment (CDC fact sheet). There is no vaccine for HCV. The best way to prevent HCV infection is to never inject drugs or to stop injecting drugs by getting into and staying in a drug treatment program (CDC). People who continue to inject drugs should use new, sterile syringes each time and never reuse or share needles, water, or other drug preparation equipment. The Centers for Disease Control and Prevention (CDC) recommends HCV testing for people who inject drugs, all people living with HIV, and everyone born during 1945-1965.

Substance Abuse

People abuse substances such as drugs, alcohol, and tobacco for varied reasons. Substance abuse can have negative social, physical, mental, and public health impact on individuals, families and communities. In 2013, an estimated 9.4% of people over the age of 12 in the US engaged in illegal drug use.

Key Support Services and Staff

Disease Intervention Specialists conduct partner notification, verify treatment of infected individuals, assist infected individuals in developing risk-reduction plans, and refer for HIV Care Coordination.

HIV Care Coordinators provide an individualized plan of care that includes medical, psychosocial, financial, and other supportive services for free.

ISDH HIV Special Populations Support Program provides intensive support services to individuals diagnosed with HIV disease and chemical dependency. Services are offered throughout the state at 12 sites. For more information, call 317-233-7418.

Substance abuse and treatment services are provided by various providers in the area. For information, contact SAMHSA's National Helpline 1-800-487-4889 for 24-hour free and confidential treatment referral and information.

STD Prevention is HIV Prevention. The ISDH STD Prevention Program has opportunities for local health departments to receive test materials and medications for Chlamydia and gonorrhea. For more information, contact std@isdh.in.gov.

Key Contacts for Decatur County

Disease Investigation area: District 9

Local HIV Care Coordination

Aspire (Southeast)
(765)962-8742

Disease Intervention Specialists

Dorothy Waterhouse (812)288-2706
Jesse Shields (812)283-2738

HIV & STD Prevention Services

Clark County Health Department

1301 Akers Ave, Jeffersonville, IN 47130
M-F 9AM-5PM, (812)288-2706

*Free HIV testing M-F by appointment only
STD testing on Tuesday afternoons, \$20.00 fee*

For more information, visit the ISDH HIV/STD website at: <https://secure.in.gov/isdh/17397.htm>

or contact the ISDH Local Health Department Outreach Division at

LHDinfo@isdh.in.gov (please put "County Profile" in subject line) or **317-234-6623**.

DeKalb County Profile

Background

In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxycodone (brand name Opana) and sharing needles.

What Local Health Departments Can Do

As the local “eyes and ears on the ground,” public health staff are critical to the identification of outbreaks. To do this, the following are important:

- Promptly report new HIV cases to the ISDH Division of HIV/STD/Viral Hepatitis.
- Promptly report new HCV cases to the ISDH Epidemiology Resources Center.
- Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
- Become familiar with local data so any increases are easily identified.
- Know who to contact for assistance and appropriate health services.

This Profile is a tool to become familiar with local data, local resources, and to assist you in the decision-making process for local syringe exchange programs.

Syringe Exchange Programs

Syringe exchange programs provide people who inject drugs with an opportunity to reduce the spread of bloodborne diseases such as HIV and HCV, use sterile syringes, share syringes less often, and safely dispose of used syringes. The programs serve to connect hard-to-reach people who inject drugs with important public health services, including HIV and HCV testing, substance abuse treatment, sexually transmitted disease (STD) screening and treatment, and risk reduction counseling.

Syringe Exchange Law in Indiana (<https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251>)

In May, a new law went into effect to allow local health departments and law enforcement to work together to start a syringe exchange program in their counties if the following criteria are met:

57. Local health officer declares to county/municipality:
 - a. There is an epidemic of HCV or HIV;
 - b. The primary mode of transmission of HCV or HIV is injection drug use;
 - c. That a syringe exchange program is medically appropriate as part of the comprehensive public health response.
58. The executive/legislative body of county/municipality:
 - a. Conducts a public hearing and
 - b. Takes official action that adopts the declaration of the local health officer.
59. The executive/legislative body of county/municipality:
 - a. Notifies the State Health Commissioner of declaration;
 - b. Requests the State Health Commissioner to declare a public health emergency;
 - c. Indicates other measures taken to address the epidemic have not worked.
60. Commissioner must approve or deny within 10 days from submission.
 - a. Can request additional information extending the deadline for an additional 10 days

More information on steps local health departments and health care providers can take is found in the CDC Health Advisory at <http://emergency.cdc.gov/han/han00377.asp>.

Spotlight on DeKalb County, Indiana

	DeKalb County	Indiana
Population, 2014	42,383	6,596,855
HIV and HCV		
New HIV cases (rate per 100,000 population), 2014	<5 (*)	515 (8)
Total number of people living with HIV, 2014	20	11,547
Newly reported HCV cases (rate per 100,000 population), 2013	14 (33)	4,535 (69)
Drug overdoses and deaths		
Annual average number of drug poisoning deaths (total rate per 100,000 population), 2009-2013**	5 (*)	966 (15)
Drug poisoning deaths per 100,000 population (rate per 100,000 pop), 2013	7 (17)	1049 (16)
Annual average number of non-fatal emergency room visits due to opioid overdoses (total rate per 100,000 population), 2009-2013**	9 (22)	1820 (28)
Non-fatal emergency room visits due to opioid overdoses (rate per 100,000 population), 2013	15 (36)	2,157 (33)
STDs		
Chlamydia cases (rate per 100,000 population), 2013	69 (138)	28,023 (432)
Gonorrhea cases (rate per 100,000 population), 2013	12 (24)	7,144 (110)

*Numbers less than 5, including 0.

**Drug poisoning deaths: underlying cause of death coded on death certificate as drug overdose fatality or "acute drug overdose."

HCV

HCV is spread through contact with blood of an infected person, primarily through sharing contaminated needles or injection drug use equipment (CDC fact sheet). There is no vaccine for HCV. The best way to prevent HCV infection is to never inject drugs or to stop injecting drugs by getting into and staying in a drug treatment program (CDC). People who continue to inject drugs should use new, sterile syringes each time and never reuse or share needles, water, or other drug preparation equipment. The Centers for Disease Control and Prevention (CDC) recommends HCV testing for people who inject drugs, all people living with HIV, and everyone born during 1945-1965.

Key Contacts for DeKalb County

Disease Investigation area: District 2

Local HIV Care Coordination

AIDS Task Force/Positive Resource Center
(260)744-1144

Disease Intervention Specialists

Melissa Murawski (574)282-3230 x112
Lawrie Covey

Substance Abuse

People abuse substances such as drugs, alcohol, and tobacco for varied reasons. Substance abuse can have negative social, physical, mental, and public health impact on individuals, families and communities. In 2013, an estimated 9.4% of people over the age of 12 in the US engaged in illegal drug use.

Key Support Services and Staff

Disease Intervention Specialists conduct partner notification, verify treatment of infected individuals, assist infected individuals in developing risk-reduction plans, and refer for HIV Care Coordination.

HIV Care Coordinators provide an individualized plan of care that includes medical, psychosocial, financial, and other supportive services for free.

ISDH HIV Special Populations Support Program provides intensive support services to individuals diagnosed with HIV disease and chemical dependency. Services are offered throughout the state at 12 sites. For more information, call 317-233-7418.

Substance abuse and treatment services are provided by various providers in the area. For information, contact SAMHSA's National Helpline 1-800-487-4889 for 24-hour free and confidential treatment referral and information.

STD Prevention is HIV Prevention. The ISDH STD Prevention Program has opportunities for local health departments to receive test materials and medications for Chlamydia and gonorrhea. For more information, contact std@isdh.in.gov.

HIV & STD Prevention Services

Ft. Wayne-Allen County Department of Health Medical Annex building

4813 New Haven Ave, Ft. Wayne 46803
260-449-7504

Full Service STD Clinic with HIV testing, Immunizations, Infectious Disease Clinic, travel clinic.

Minimal fees apply, info on website:

www.allencountyhealth.com

For more information, visit the ISDH HIV/STD website at: <https://secure.in.gov/isdh/17397.htm>

or contact the ISDH Local Health Department Outreach Division at

LHDinfo@isdh.in.gov (please put "County Profile" in subject line) or 317-234-6623.

Delaware County Profile

Background

In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxycodone (brand name Opana) and sharing needles.

What Local Health Departments Can Do

As the local “eyes and ears on the ground,” public health staff are critical to the identification of outbreaks. To do this, the following are important:

- Promptly report new HIV cases to the ISDH Division of HIV/STD/Viral Hepatitis.
- Promptly report new HCV cases to the ISDH Epidemiology Resources Center.
- Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
- Become familiar with local data so any increases are easily identified.
- Know who to contact for assistance and appropriate health services.

This Profile is a tool to become familiar with local data, local resources, and to assist you in the decision-making process for local syringe exchange programs.

Syringe Exchange Programs

Syringe exchange programs provide people who inject drugs with an opportunity to reduce the spread of bloodborne diseases such as HIV and HCV, use sterile syringes, share syringes less often, and safely dispose of used syringes. The programs serve to connect hard-to-reach people who inject drugs with important public health services, including HIV and HCV testing, substance abuse treatment, sexually transmitted disease (STD) screening and treatment, and risk reduction counseling.

Syringe Exchange Law in Indiana (<https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251>)

In May, a new law went into effect to allow local health departments and law enforcement to work together to start a needle exchange program in their counties if the following criteria are met:

61. Local health officer declares to county/municipality:
 - a. There is an epidemic of HCV or HIV;
 - b. The primary mode of transmission of HCV or HIV is injection drug use;
 - c. That a Syringe Exchange Program is medically appropriate as part of the comprehensive public health response.
62. The executive/legislative body of county/municipality:
 - a. Conducts a public hearing and
 - b. Takes official action that adopts the declaration of the local health officer.
63. The executive/legislative body of county/municipality:
 - a. Notifies the State Health Commissioner of declaration;
 - b. Requests the State Health Commissioner to declare a public health emergency;
 - c. Indicates other measures taken to address the epidemic have not worked.
64. Commissioner must approve or deny within 10 days from submission.
 - a. Can request additional information extending the deadline for an additional 10 days

More information on steps local health departments and health care providers can take is found in the CDC Health Advisory at <http://emergency.cdc.gov/han/han00377.asp>.

Spotlight on Delaware County, Indiana

	Delaware County	Indiana
Population, 2014	117,074	6,596,855
HIV and HCV		
New HIV cases (rate per 100,000 population), 2014	<5 (*)	515 (8)
Total number of people living with HIV, 2014	113	11,547
Newly reported HCV cases (rate per 100,000 population), 2013	152 (130)	4,535 (69)
Drug overdoses and deaths		
Annual average number of drug poisoning deaths (total rate per 100,000 population), 2009-2013**	19 (17)	966 (15)
Drug poisoning deaths per 100,000 population (rate per 100,000 pop), 2013	20 (17)	1049 (16)
Annual average number of non-fatal emergency room visits due to opioid overdoses (total rate per 100,000 population), 2009-2013**	26 (22)	1820 (28)
Non-fatal emergency room visits due to opioid overdoses (rate per 100,000 population), 2013	26 (22)	2,157 (33)
STDs		
Chlamydia cases (rate per 100,000 population), 2013	611 (521)	28,023 (432)
Gonorrhea cases (rate per 100,000 population), 2013	94 (80)	7,144 (110)

*Numbers less than 5, including 0.

**Drug poisoning deaths: underlying cause of death coded on death certificate as drug overdose fatality or "acute drug overdose."

HCV

HCV is spread through contact with blood of an infected person, primarily through sharing contaminated needles or injection drug use equipment (CDC fact sheet). There is no vaccine for HCV. The best way to prevent HCV infection is to never inject drugs or to stop injecting drugs by getting into and staying in a drug treatment program (CDC). People who continue to inject drugs should use new, sterile syringes each time and never reuse or share needles, water, or other drug preparation equipment. The Centers for Disease Control and Prevention (CDC) recommends HCV testing for people who inject drugs, all people living with HIV, and everyone born during 1945-1965.

Substance Abuse

People abuse substances such as drugs, alcohol, and tobacco for varied reasons. Substance abuse can have negative social, physical, mental, and public health impact on individuals, families and communities. In 2013, an estimated 9.4% of people over the age of 12 in the US engaged in illegal drug use.

Key Support Services and Staff

Disease Intervention Specialists conduct partner notification, verify treatment of infected individuals, assist infected individuals in developing risk-reduction plans, and refer for HIV Care Coordination.

HIV Care Coordinators provide an individualized plan of care that includes medical, psychosocial, financial, and other supportive services for free.

ISDH HIV Special Populations Support Program provides intensive support services to individuals diagnosed with HIV disease and chemical dependency. Services are offered throughout the state at 12 sites. For more information, call 317-233-7418.

Substance abuse and treatment services are provided by various providers in the area. For information, contact SAMHSA's National Helpline 1-800-487-4889 for 24-hour free and confidential treatment referral and information.

STD Prevention is HIV Prevention. The ISDH STD Prevention Program has opportunities for local health departments to receive test materials and medications for Chlamydia and gonorrhea. For more information, contact std@isdh.in.gov.

Key Contacts for Delaware County

Disease Investigation area: District 6

Local HIV Care Coordination

Meridian Health Services
(765)288-1928

Disease Intervention Specialists

Melody Fuqua (765)254-1574
Brandon Todd (765)288-0763

HIV & STD Prevention Services

Open Door Family Planning

905 S. Walnut St, Muncie, IN, 47302
(765)281-4263

Sliding Scale fees available, Patient must be Family Planning patient or willing to become one

For more information, visit the ISDH HIV/STD website at: <https://secure.in.gov/isdh/17397.htm>

or contact the ISDH Local Health Department Outreach Division at

LHDinfo@isdh.in.gov (please put "County Profile" in subject line) or 317-234-6623.

Dubois County Profile

Background

In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxycodone (brand name Opana) and sharing needles.

What Local Health Departments Can Do

As the local “eyes and ears on the ground,” public health staff are critical to the identification of outbreaks. To do this, the following are important:

- Promptly report new HIV cases to the ISDH Division of HIV/STD/Viral Hepatitis.
- Promptly report new HCV cases to the ISDH Epidemiology Resources Center.
- Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
- Become familiar with local data so any increases are easily identified.
- Know who to contact for assistance and appropriate health services.

This Profile is a tool to become familiar with local data, local resources, and to assist you in the decision-making process for local syringe exchange programs.

Syringe Exchange Programs

Syringe exchange programs provide people who inject drugs with an opportunity to reduce the spread of bloodborne diseases such as HIV and HCV, use sterile syringes, share syringes less often, and safely dispose of used syringes. The programs serve to connect hard-to-reach people who inject drugs with important public health services, including HIV and HCV testing, substance abuse treatment, sexually transmitted disease (STD) screening and treatment, and risk reduction counseling.

Syringe Exchange Law in Indiana (<https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251>)

In May, a new law went into effect to allow local health departments and law enforcement to work together to start a syringe exchange program in their counties if the following criteria are met:

65. Local health officer declares to county/municipality:
 - a. There is an epidemic of HCV or HIV;
 - b. The primary mode of transmission of HCV or HIV is injection drug use;
 - c. That a syringe exchange program is medically appropriate as part of the comprehensive public health response.
66. The executive/legislative body of county/municipality:
 - a. Conducts a public hearing and
 - b. Takes official action that adopts the declaration of the local health officer.
67. The executive/legislative body of county/municipality:
 - a. Notifies the State Health Commissioner of declaration;
 - b. Requests the State Health Commissioner to declare a public health emergency;
 - c. Indicates other measures taken to address the epidemic have not worked.
68. Commissioner must approve or deny within 10 days from submission.
 - a. Can request additional information extending the deadline for an additional 10 days

More information on steps local health departments and health care providers can take is found in the CDC Health Advisory at <http://emergency.cdc.gov/han/han00377.asp>.

Spotlight on Dubois County, Indiana

	Dubois County	Indiana
Population, 2014	42,345	6,596,855
HIV and HCV		
New HIV cases (rate per 100,000 population), 2014	<5 (*)	515 (8)
Total number of people living with HIV, 2014	15	11,547
Newly reported HCV cases (rate per 100,000 population), 2013	12 (28)	4,535 (69)
Drug overdoses and deaths		
Annual average number of drug poisoning deaths (total rate per 100,000 population), 2009-2013**	<5 (*)	966 (15)
Drug poisoning deaths per 100,000 population (rate per 100,000 pop), 2013	<5 (*)	1049 (16)
Annual average number of non-fatal emergency room visits due to opioid overdoses (total rate per 100,000 population), 2009-2013**	<5 (*)	1820 (28)
Non-fatal emergency room visits due to opioid overdoses (rate per 100,000 population), 2013	<5 (*)	2,157 (33)
STDs		
Chlamydia cases (rate per 100,000 population), 2013	74 (175)	28,023 (432)
Gonorrhea cases (rate per 100,000 population), 2013	7 (17)	7,144 (110)

*Numbers less than 5, including 0.

**Drug poisoning deaths: underlying cause of death coded on death certificate as drug overdose fatality or "acute drug overdose."

HCV

HCV is spread through contact with blood of an infected person, primarily through sharing contaminated needles or injection drug use equipment (CDC fact sheet). There is no vaccine for HCV. The best way to prevent HCV infection is to never inject drugs or to stop injecting drugs by getting into and staying in a drug treatment program (CDC). People who continue to inject drugs should use new, sterile syringes each time and never reuse or share needles, water, or other drug preparation equipment. The Centers for Disease Control and Prevention (CDC) recommends HCV testing for people who inject drugs, all people living with HIV, and everyone born during 1945-1965.

Substance Abuse

People abuse substances such as drugs, alcohol, and tobacco for varied reasons. Substance abuse can have negative social, physical, mental, and public health impact on individuals, families and communities. In 2013, an estimated 9.4% of people over the age of 12 in the US engaged in illegal drug use.

Key Support Services and Staff

Disease Intervention Specialists conduct partner notification, verify treatment of infected individuals, assist infected individuals in developing risk-reduction plans, and refer for HIV Care Coordination.

HIV Care Coordinators provide an individualized plan of care that includes medical, psychosocial, financial, and other supportive services for free.

ISDH HIV Special Populations Support Program provides intensive support services to individuals diagnosed with HIV disease and chemical dependency. Services are offered throughout the state at 12 sites. For more information, call 317-233-7418.

Substance abuse and treatment services are provided by various providers in the area. For information, contact SAMHSA's National Helpline 1-800-487-4889 for 24-hour free and confidential treatment referral and information.

STD Prevention is HIV Prevention. The ISDH STD Prevention Program has opportunities for local health departments to receive test materials and medications for Chlamydia and gonorrhea. For more information, contact std@isdh.in.gov.

Key Contacts for Dubois County

Disease Investigation area: District 8

Local HIV Care Coordination

AIDS Resource Group of Evansville
(800)423-6255

Disease Intervention Specialists

Wallace Corbitt, 812-435-5683
Wallace Paynter
Ashlee Stone Neighbors

HIV & STD Prevention Services

Tri-Cap Family Planning Jasper

607 3rd Ave #2X, Jasper, IN 47546
(812)482-2233

Sliding Scale fee based on income, STD and HIV testing available

For more information, visit the ISDH HIV/STD website at: <https://secure.in.gov/isdh/17397.htm>

or contact the ISDH Local Health Department Outreach Division at

LHDinfo@isdh.in.gov (please put "County Profile" in subject line) or 317-234-6623.

Elkhart County Profile

Background

In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxycodone (brand name Opana) and sharing needles.

What Local Health Departments Can Do

As the local “eyes and ears on the ground,” public health staff are critical to the identification of outbreaks. To do this, the following are important:

- Promptly report new HIV cases to the ISDH Division of HIV/STD/Viral Hepatitis.
- Promptly report new HCV cases to the ISDH Epidemiology Resources Center.
- Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
- Become familiar with local data so any increases are easily identified.
- Know who to contact for assistance and appropriate health services.

This Profile is a tool to become familiar with local data, local resources, and to assist you in the decision-making process for local syringe exchange programs.

Syringe Exchange Programs

Syringe exchange programs provide people who inject drugs with an opportunity to reduce the spread of bloodborne diseases such as HIV and HCV, use sterile syringes, share syringes less often, and safely dispose of used syringes. The programs serve to connect hard-to-reach people who inject drugs with important public health services, including HIV and HCV testing, substance abuse treatment, sexually transmitted disease (STD) screening and treatment, and risk reduction counseling.

Syringe Exchange Law in Indiana (<https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251>)

In May, a new law went into effect to allow local health departments and law enforcement to work together to start a syringe exchange program in their counties if the following criteria are met:

69. Local health officer declares to county/municipality:
 - a. There is an epidemic of HCV or HIV;
 - b. The primary mode of transmission of HCV or HIV is injection drug use;
 - c. That a syringe exchange program is medically appropriate as part of the comprehensive public health response.
70. The executive/legislative body of county/municipality:
 - a. Conducts a public hearing and
 - b. Takes official action that adopts the declaration of the local health officer.
71. The executive/legislative body of county/municipality:
 - a. Notifies the State Health Commissioner of declaration;
 - b. Requests the State Health Commissioner to declare a public health emergency;
 - c. Indicates other measures taken to address the epidemic have not worked.
72. Commissioner must approve or deny within 10 days from submission.
 - a. Can request additional information extending the deadline for an additional 10 days

More information on steps local health departments and health care providers can take is found in the CDC Health Advisory at <http://emergency.cdc.gov/han/han00377.asp>.

Spotlight on Elkhart County, Indiana

	Elkhart County	Indiana
Population, 2014	201,971	6,596,855
HIV and HCV		
New HIV cases (rate per 100,000 population), 2014	7 (4)	515 (8)
Total number of people living with HIV, 2014	176	11,547
Newly reported HCV cases (rate per 100,000 population), 2013	51(25)	4,535 (69)
Drug overdoses and deaths		
Annual average number of drug poisoning deaths (total rate per 100,000 population), 2009-2013**	19 (10)	966 (15)
Drug poisoning deaths per 100,000 population (rate per 100,000 pop), 2013	19 (9)	1049 (16)
Annual average number of non-fatal emergency room visits due to opioid overdoses (total rate per 100,000 population), 2009-2013**	23 (12)	1820 (28)
Non-fatal emergency room visits due to opioid overdoses (rate per 100,000 population), 2013	31(15)	2,157 (33)
STDs		
Chlamydia cases (rate per 100,000 population), 2013	879 (438)	28,023 (432)
Gonorrhea cases (rate per 100,000 population), 2013	206 (103)	7,144 (110)

*Numbers less than 5, including 0.

**Drug poisoning deaths: underlying cause of death coded on death certificate as drug overdose fatality or "acute drug overdose."

HCV

HCV is spread through contact with blood of an infected person, primarily through sharing contaminated needles or injection drug use equipment (CDC fact sheet). There is no vaccine for HCV. The best way to prevent HCV infection is to never inject drugs or to stop injecting drugs by getting into and staying in a drug treatment program (CDC). People who continue to inject drugs should use new, sterile syringes each time and never reuse or share needles, water, or other drug preparation equipment. The Centers for Disease Control and Prevention (CDC) recommends HCV testing for people who inject drugs, all people living with HIV, and everyone born during 1945-1965.

Key Contacts for Elkhart County

Disease Investigation area: District 10

Local HIV Care Coordination

AIDS Assist (800)388-2437

Disease Intervention Specialists

Teresa DeBoe, (574)523-2425

Substance Abuse

People abuse substances such as drugs, alcohol, and tobacco for varied reasons. Substance abuse can have negative social, physical, mental, and public health impact on individuals, families and communities. In 2013, an estimated 9.4% of people over the age of 12 in the US engaged in illegal drug use.

Key Support Services and Staff

Disease Intervention Specialists conduct partner notification, verify treatment of infected individuals, assist infected individuals in developing risk-reduction plans, and refer for HIV Care Coordination.

HIV Care Coordinators provide an individualized plan of care that includes medical, psychosocial, financial, and other supportive services for free.

ISDH HIV Special Populations Support Program provides intensive support services to individuals diagnosed with HIV disease and chemical dependency. Services are offered throughout the state at 12 sites. For more information, call 317-233-7418.

Substance abuse and treatment services are provided by various providers in the area. For information, contact SAMHSA's National Helpline 1-800-487-4889 for 24-hour free and confidential treatment referral and information.

STD Prevention is HIV Prevention. The ISDH STD Prevention Program has opportunities for local health departments to receive test materials and medications for Chlamydia and gonorrhea. For more information, contact std@isdh.in.gov.

HIV & STD Prevention Services

Elkhart County Health Department

608 Oakland Ave, Elkhart, IN 46516

(574)523-2128

Has testing available for Chlamydia, gonorrhea, Syphilis, Hepatitis B & C, HPV, Herpes, Trichomonas, and HIV.

Open Monday, 8AM-5PM, Tuesday – Friday 8AM – 4 PM

For more information, visit the ISDH HIV/STD website at: <https://secure.in.gov/isdh/17397.htm>

or contact the ISDH Local Health Department Outreach Division at

LHDinfo@isdh.in.gov (please put "County Profile" in subject line) or 317-234-6623.

Fayette County Profile

Background

In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxycodone (brand name Opana) and sharing needles.

What Local Health Departments Can Do

As the local “eyes and ears on the ground,” public health staff are critical to the identification of outbreaks. To do this, the following are important:

- Promptly report new HIV cases to the ISDH Division of HIV/STD/Viral Hepatitis.
- Promptly report new HCV cases to the ISDH Epidemiology Resources Center.
- Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
- Become familiar with local data so any increases are easily identified.
- Know who to contact for assistance and appropriate health services.

This Profile is a tool to become familiar with local data, local resources, and to assist you in the decision-making process for local syringe exchange programs.

Syringe Exchange Programs

Syringe exchange programs provide people who inject drugs with an opportunity to reduce the spread of bloodborne diseases such as HIV and HCV, use sterile syringes, share syringes less often, and safely dispose of used syringes. The programs serve to connect hard-to-reach people who inject drugs with important public health services, including HIV and HCV testing, substance abuse treatment, sexually transmitted disease (STD) screening and treatment, and risk reduction counseling.

Syringe Exchange Law in Indiana (<https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251>)

In May, a new law went into effect to allow local health departments and law enforcement to work together to start a needle exchange program in their counties if the following criteria are met:

73. Local health officer declares to county/municipality:
 - a. There is an epidemic of HCV or HIV;
 - b. The primary mode of transmission of HCV or HIV is injection drug use;
 - c. That a Syringe Exchange Program is medically appropriate as part of the comprehensive public health response.
74. The executive/legislative body of county/municipality:
 - a. Conducts a public hearing and
 - b. Takes official action that adopts the declaration of the local health officer.
75. The executive/legislative body of county/municipality:
 - a. Notifies the State Health Commissioner of declaration;
 - b. Requests the State Health Commissioner to declare a public health emergency;
 - c. Indicates other measures taken to address the epidemic have not worked.
76. Commissioner must approve or deny within 10 days from submission.
 - a. Can request additional information extending the deadline for an additional 10 days

More information on steps local health departments and health care providers can take is found in the CDC Health Advisory at <http://emergency.cdc.gov/han/han00377.asp>.

Spotlight on Fayette County, Indiana

	Fayette County	Indiana
Population, 2014	23,468	6,596,855
HIV and HCV		
New HIV cases (rate per 100,000 population), 2014	<5 (*)	515 (8)
Total number of people living with HIV, 2014	8	11,547
Newly reported HCV cases (rate per 100,000 population), 2013	51 (214)	4,535 (69)
Drug overdoses and deaths		
Annual average number of drug poisoning deaths (total rate per 100,000 population), 2009-2013**	<5 (*)	966 (15)
Drug poisoning deaths per 100,000 population (rate per 100,000 pop), 2013	5 (21)	1049 (16)
Annual average number of non-fatal emergency room visits due to opioid overdoses (total rate per 100,000 population), 2009-2013**	15 (66)	1820 (28)
Non-fatal emergency room visits due to opioid overdoses (rate per 100,000 population), 2013	19 (80)	2,157 (33)
STDs		
Chlamydia cases (rate per 100,000 population), 2013	38 (159)	28,023 (432)
Gonorrhea cases (rate per 100,000 population), 2013	5 (21)	7,144 (110)

*Numbers less than 5, including 0.

**Drug poisoning deaths: underlying cause of death coded on death certificate as drug overdose fatality or "acute drug overdose."

HCV

HCV is spread through contact with blood of an infected person, primarily through sharing contaminated needles or injection drug use equipment (CDC fact sheet). There is no vaccine for HCV. The best way to prevent HCV infection is to never inject drugs or to stop injecting drugs by getting into and staying in a drug treatment program (CDC). People who continue to inject drugs should use new, sterile syringes each time and never reuse or share needles, water, or other drug preparation equipment. The Centers for Disease Control and Prevention (CDC) recommends HCV testing for people who inject drugs, all people living with HIV, and everyone born during 1945-1965.

Substance Abuse

People abuse substances such as drugs, alcohol, and tobacco for varied reasons. Substance abuse can have negative social, physical, mental, and public health impact on individuals, families and communities. In 2013, an estimated 9.4% of people over the age of 12 in the US engaged in illegal drug use.

Key Support Services and Staff

Disease Intervention Specialists conduct partner notification, verify treatment of infected individuals, assist infected individuals in developing risk-reduction plans, and refer for HIV Care Coordination.

HIV Care Coordinators provide an individualized plan of care that includes medical, psychosocial, financial, and other supportive services for free.

ISDH HIV Special Populations Support Program provides intensive support services to individuals diagnosed with HIV disease and chemical dependency. Services are offered throughout the state at 12 sites. For more information, call 317-233-7418.

Substance abuse and treatment services are provided by various providers in the area. For information, contact SAMHSA's National Helpline 1-800-487-4889 for 24-hour free and confidential treatment referral and information.

STD Prevention is HIV Prevention. The ISDH STD Prevention Program has opportunities for local health departments to receive test materials and medications for Chlamydia and gonorrhea. For more information, contact std@isdh.in.gov.

Key Contacts for Fayette County

Disease Investigation area: District 6

Local HIV Care Coordination

Aspire (Southeast)
(765)962-8742

Disease Intervention Specialists

Melody Fuqua (765)254-1574
Brandon Todd (765)288-0763

HIV & STD Prevention Services

Hope Center

531 N. Central Ave Suite 6, Connersville, 47331
(765)222-1244

Provides STD, Hepatitis B & C, and HIV testing
Testing available Mondays 12 – 3 PM, Tuesdays 12PM – 5PM,
and Thursdays 1PM – 8PM
Free of charge

For more information, visit the ISDH HIV/STD website at: <https://secure.in.gov/isdh/17397.htm>

or contact the ISDH Local Health Department Outreach Division at

LHDinfo@isdh.in.gov (please put "County Profile" in subject line) or 317-234-6623.

Floyd County Profile

Background

In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxycodone (brand name Opana) and sharing needles.

What Local Health Departments Can Do

As the local “eyes and ears on the ground,” public health staff are critical to the identification of outbreaks. To do this, the following are important:

- Promptly report new HIV cases to the ISDH Division of HIV/STD/Viral Hepatitis.
- Promptly report new HCV cases to the ISDH Epidemiology Resources Center.
- Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
- Become familiar with local data so any increases are easily identified.
- Know who to contact for assistance and appropriate health services.

This Profile is a tool to become familiar with local data, local resources, and to assist you in the decision-making process for local syringe exchange programs.

Syringe Exchange Programs

Syringe exchange programs provide people who inject drugs with an opportunity to reduce the spread of bloodborne diseases such as HIV and HCV, use sterile syringes, share syringes less often, and safely dispose of used syringes. The programs serve to connect hard-to-reach people who inject drugs with important public health services, including HIV and HCV testing, substance abuse treatment, sexually transmitted disease (STD) screening and treatment, and risk reduction counseling.

Syringe Exchange Law in Indiana (<https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251>)

In May, a new law went into effect to allow local health departments and law enforcement to work together to start a syringe exchange program in their counties if the following criteria are met:

77. Local health officer declares to county/municipality:
 - a. There is an epidemic of HCV or HIV;
 - b. The primary mode of transmission of HCV or HIV is injection drug use;
 - c. That a syringe exchange program is medically appropriate as part of the comprehensive public health response.
78. The executive/legislative body of county/municipality:
 - a. Conducts a public hearing and
 - b. Takes official action that adopts the declaration of the local health officer.
79. The executive/legislative body of county/municipality:
 - a. Notifies the State Health Commissioner of declaration;
 - b. Requests the State Health Commissioner to declare a public health emergency;
 - c. Indicates other measures taken to address the epidemic have not worked.
80. Commissioner must approve or deny within 10 days from submission.
 - a. Can request additional information extending the deadline for an additional 10 days

More information on steps local health departments and health care providers can take is found in the CDC Health Advisory at <http://emergency.cdc.gov/han/han00377.asp>.

Spotlight on Floyd County, Indiana

	Floyd County	Indiana
Population, 2014	76,179	6,596,855
HIV and HCV		
New HIV cases (rate per 100,000 population), 2014	<5 (*)	515 (8)
Total number of people living with HIV, 2014	131	11,547
Newly reported HCV cases (rate per 100,000 population), 2013	54 (71)	4,535 (69)
Drug overdoses and deaths		
Annual average number of drug poisoning deaths (total rate per 100,000 population), 2009-2013**	12 (16)	966 (15)
Drug poisoning deaths per 100,000 population (rate per 100,000 pop), 2013	9 (12)	1049 (16)
Annual average number of non-fatal emergency room visits due to opioid overdoses (total rate per 100,000 population), 2009-2013**	23 (31)	1820 (28)
Non-fatal emergency room visits due to opioid overdoses (rate per 100,000 population), 2013	25 (33)	2,157 (33)
STDs		
Chlamydia cases (rate per 100,000 population), 2013	266 (349)	28,023 (432)
Gonorrhea cases (rate per 100,000 population), 2013	50 (66)	7,144 (110)

*Numbers less than 5, including 0.

**Drug poisoning deaths: underlying cause of death coded on death certificate as drug overdose fatality or "acute drug overdose."

HCV

HCV is spread through contact with blood of an infected person, primarily through sharing contaminated needles or injection drug use equipment (CDC fact sheet). There is no vaccine for HCV. The best way to prevent HCV infection is to never inject drugs or to stop injecting drugs by getting into and staying in a drug treatment program (CDC). People who continue to inject drugs should use new, sterile syringes each time and never reuse or share needles, water, or other drug preparation equipment. The Centers for Disease Control and Prevention (CDC) recommends HCV testing for people who inject drugs, all people living with HIV, and everyone born during 1945-1965.

Substance Abuse

People abuse substances such as drugs, alcohol, and tobacco for varied reasons. Substance abuse can have negative social, physical, mental, and public health impact on individuals, families and communities. In 2013, an estimated 9.4% of people over the age of 12 in the US engaged in illegal drug use.

Key Support Services and Staff

Disease Intervention Specialists conduct partner notification, verify treatment of infected individuals, assist infected individuals in developing risk-reduction plans, and refer for HIV Care Coordination.

HIV Care Coordinators provide an individualized plan of care that includes medical, psychosocial, financial, and other supportive services for free.

ISDH HIV Special Populations Support Program provides intensive support services to individuals diagnosed with HIV disease and chemical dependency. Services are offered throughout the state at 12 sites. For more information, call 317-233-7418.

Substance abuse and treatment services are provided by various providers in the area. For information, contact SAMHSA's National Helpline 1-800-487-4889 for 24-hour free and confidential treatment referral and information.

STD Prevention is HIV Prevention. The ISDH STD Prevention Program has opportunities for local health departments to receive test materials and medications for Chlamydia and gonorrhea. For more information, contact std@isdh.in.gov.

Key Contacts for Floyd County

Disease Investigation area: District 9

Local HIV Care Coordination

Clark County Health Department
(800)828-5624

Disease Intervention Specialists

Dorothy Waterhouse (812)288-2706
Jesse Shields (812)283-2738

HIV & STD Prevention Services

Floyd County Health Department

1917 Bono Rd, New Albany, IN 47150

Free HIV testing by appointment only, please call:

(812)948-4726 x655, x658, or x659

Also testing for gonorrhea and Chlamydia, please call for more information

For more information, visit the ISDH HIV/STD website at: <https://secure.in.gov/isdh/17397.htm>

or contact the ISDH Local Health Department Outreach Division at

LHDinfo@isdh.in.gov (please put "County Profile" in subject line) or **317-234-6623**.

Fountain County Profile

Background

In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxycodone (brand name Opana) and sharing needles.

What Local Health Departments Can Do

As the local “eyes and ears on the ground,” public health staff are critical to the identification of outbreaks. To do this, the following are important:

- Promptly report new HIV cases to the ISDH Division of HIV/STD/Viral Hepatitis.
- Promptly report new HCV cases to the ISDH Epidemiology Resources Center.
- Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
- Become familiar with local data so any increases are easily identified.
- Know who to contact for assistance and appropriate health services.

This Profile is a tool to become familiar with local data, local resources, and to assist you in the decision-making process for local syringe exchange programs.

Syringe Exchange Programs

Syringe exchange programs provide people who inject drugs with an opportunity to reduce the spread of bloodborne diseases such as HIV and HCV, use sterile syringes, share syringes less often, and safely dispose of used syringes. The programs serve to connect hard-to-reach people who inject drugs with important public health services, including HIV and HCV testing, substance abuse treatment, sexually transmitted disease (STD) screening and treatment, and risk reduction counseling.

Syringe Exchange Law in Indiana (<https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251>)

In May, a new law went into effect to allow local health departments and law enforcement to work together to start a syringe exchange program in their counties if the following criteria are met:

81. Local health officer declares to county/municipality:
 - a. There is an epidemic of HCV or HIV;
 - b. The primary mode of transmission of HCV or HIV is injection drug use;
 - c. That a syringe exchange program is medically appropriate as part of the comprehensive public health response.
82. The executive/legislative body of county/municipality:
 - a. Conducts a public hearing and
 - b. Takes official action that adopts the declaration of the local health officer.
83. The executive/legislative body of county/municipality:
 - a. Notifies the State Health Commissioner of declaration;
 - b. Requests the State Health Commissioner to declare a public health emergency;
 - c. Indicates other measures taken to address the epidemic have not worked.
84. Commissioner must approve or deny within 10 days from submission.
 - a. Can request additional information extending the deadline for an additional 10 days

More information on steps local health departments and health care providers can take is found in the CDC Health Advisory at <http://emergency.cdc.gov/han/han00377.asp>.

Spotlight on Fountain County, Indiana

	Fountain County	Indiana
Population, 2014	16,658	6,596,855
HIV and HCV		
New HIV cases (rate per 100,000 population), 2014	<5 (*)	515 (8)
Total number of people living with HIV, 2014	<5	11,547
Newly reported HCV cases (rate per 100,000 population), 2013	7 (42)	4,535 (69)
Drug overdoses and deaths		
Annual average number of drug poisoning deaths (total rate per 100,000 population), 2009-2013**	<5 (*)	966 (15)
Drug poisoning deaths per 100,000 population (rate per 100,000 pop), 2013	<5 (*)	1049 (16)
Annual average number of non-fatal emergency room visits due to opioid overdoses (total rate per 100,000 population), 2009-2013**	8 (49)	1820 (28)
Non-fatal emergency room visits due to opioid overdoses (rate per 100,000 population), 2013	11 (65)	2,157 (33)
STDs		
Chlamydia cases (rate per 100,000 population), 2013	40 (237)	28,023 (432)
Gonorrhea cases (rate per 100,000 population), 2013	<5 (*)	7,144 (110)

*Numbers less than 5, including 0.

**Drug poisoning deaths: underlying cause of death coded on death certificate as drug overdose fatality or "acute drug overdose."

HCV

HCV is spread through contact with blood of an infected person, primarily through sharing contaminated needles or injection drug use equipment (CDC fact sheet). There is no vaccine for HCV. The best way to prevent HCV infection is to never inject drugs or to stop injecting drugs by getting into and staying in a drug treatment program (CDC). People who continue to inject drugs should use new, sterile syringes each time and never reuse or share needles, water, or other drug preparation equipment. The Centers for Disease Control and Prevention (CDC) recommends HCV testing for people who inject drugs, all people living with HIV, and everyone born during 1945-1965.

Substance Abuse

People abuse substances such as drugs, alcohol, and tobacco for varied reasons. Substance abuse can have negative social, physical, mental, and public health impact on individuals, families and communities. In 2013, an estimated 9.4% of people over the age of 12 in the US engaged in illegal drug use.

Key Support Services and Staff

Disease Intervention Specialists conduct partner notification, verify treatment of infected individuals, assist infected individuals in developing risk-reduction plans, and refer for HIV Care Coordination.

HIV Care Coordinators provide an individualized plan of care that includes medical, psychosocial, financial, and other supportive services for free.

ISDH HIV Special Populations Support Program provides intensive support services to individuals diagnosed with HIV disease and chemical dependency. Services are offered throughout the state at 12 sites. For more information, call 317-233-7418.

Substance abuse and treatment services are provided by various providers in the area. For information, contact SAMHSA's National Helpline 1-800-487-4889 for 24-hour free and confidential treatment referral and information.

STD Prevention is HIV Prevention. The ISDH STD Prevention Program has opportunities for local health departments to receive test materials and medications for Chlamydia and gonorrhea. For more information, contact std@isdh.in.gov.

For more information, visit the ISDH HIV/STD website at: <https://secure.in.gov/isdh/17397.htm>

or contact the ISDH Local Health Department Outreach Division at

LHDinfo@isdh.in.gov (please put "County Profile" in subject line) or **317-234-6623**.

Key Contacts for Fountain County

Disease Investigation area: District 4

Local HIV Care Coordination

Aspire (West)
(765)742-4481

Disease Intervention Specialist

Summer Wagner-Walker
(765)635-7666

HIV & STD Prevention Services

Tippecanoe County Health Department

629 N. 6th St, Suite A, Lafayette, IN, 47901
(765)423-9222
Please call for an appointment

Aspire Indiana

1231 Cumberland Ave, Suite C, West Lafayette, IN 47906
(765)742-4481
Free Hep C and HIV testing

Franklin County Profile

Background

In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxycodone (brand name Opana) and sharing needles.

What Local Health Departments Can Do

As the local “eyes and ears on the ground,” public health staff are critical to the identification of outbreaks. To do this, the following are important:

- Promptly report new HIV cases to the ISDH Division of HIV/STD/Viral Hepatitis.
- Promptly report new HCV cases to the ISDH Epidemiology Resources Center.
- Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
- Become familiar with local data so any increases are easily identified.
- Know who to contact for assistance and appropriate health services.

This Profile is a tool to become familiar with local data, local resources, and to assist you in the decision-making process for local syringe exchange programs.

Syringe Exchange Programs

Syringe exchange programs provide people who inject drugs with an opportunity to reduce the spread of bloodborne diseases such as HIV and HCV, use sterile syringes, share syringes less often, and safely dispose of used syringes. The programs serve to connect hard-to-reach people who inject drugs with important public health services, including HIV and HCV testing, substance abuse treatment, sexually transmitted disease (STD) screening and treatment, and risk reduction counseling.

Syringe Exchange Law in Indiana (<https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251>)

In May, a new law went into effect to allow local health departments and law enforcement to work together to start a syringe exchange program in their counties if the following criteria are met:

85. Local health officer declares to county/municipality:
 - a. There is an epidemic of HCV or HIV;
 - b. The primary mode of transmission of HCV or HIV is injection drug use;
 - c. That a syringe exchange program is medically appropriate as part of the comprehensive public health response.
86. The executive/legislative body of county/municipality:
 - a. Conducts a public hearing and
 - b. Takes official action that adopts the declaration of the local health officer.
87. The executive/legislative body of county/municipality:
 - a. Notifies the State Health Commissioner of declaration;
 - b. Requests the State Health Commissioner to declare a public health emergency;
 - c. Indicates other measures taken to address the epidemic have not worked.
88. Commissioner must approve or deny within 10 days from submission.
 - a. Can request additional information extending the deadline for an additional 10 days

More information on steps local health departments and health care providers can take is found in the CDC Health Advisory at <http://emergency.cdc.gov/han/han00377.asp>.

Spotlight on Franklin County, Indiana

	Franklin County	Indiana
Population, 2014	22,934	6,596,855
HIV and HCV		
New HIV cases (rate per 100,000 population), 2014	<5 (*)	515 (8)
Total number of people living with HIV, 2014	<5	11,547
Newly reported HCV cases (rate per 100,000 population), 2013	10 (44)	4,535 (69)
Drug overdoses and deaths		
Annual average number of drug poisoning deaths (total rate per 100,000 population), 2009-2013**	<5 (*)	966 (15)
Drug poisoning deaths per 100,000 population (rate per 100,000 pop), 2013	<5 (*)	1049 (16)
Annual average number of non-fatal emergency room visits due to opioid overdoses (total rate per 100,000 population), 2009-2013**	<5 (*)	1820 (28)
Non-fatal emergency room visits due to opioid overdoses (rate per 100,000 population), 2013	<5 (*)	2,157 (33)
STDs		
Chlamydia cases (rate per 100,000 population), 2013	22 (96)	28,023 (432)
Gonorrhea cases (rate per 100,000 population), 2013	<5 (*)	7,144 (110)

*Numbers less than 5, including 0.

**Drug poisoning deaths: underlying cause of death coded on death certificate as drug overdose fatality or "acute drug overdose."

HCV

HCV is spread through contact with blood of an infected person, primarily through sharing contaminated needles or injection drug use equipment (CDC fact sheet). There is no vaccine for HCV. The best way to prevent HCV infection is to never inject drugs or to stop injecting drugs by getting into and staying in a drug treatment program (CDC). People who continue to inject drugs should use new, sterile syringes each time and never reuse or share needles, water, or other drug preparation equipment. The Centers for Disease Control and Prevention (CDC) recommends HCV testing for people who inject drugs, all people living with HIV, and everyone born during 1945-1965.

Substance Abuse

People abuse substances such as drugs, alcohol, and tobacco for varied reasons. Substance abuse can have negative social, physical, mental, and public health impact on individuals, families and communities. In 2013, an estimated 9.4% of people over the age of 12 in the US engaged in illegal drug use.

Key Support Services and Staff

Disease Intervention Specialists conduct partner notification, verify treatment of infected individuals, assist infected individuals in developing risk-reduction plans, and refer for HIV Care Coordination.

HIV Care Coordinators provide an individualized plan of care that includes medical, psychosocial, financial, and other supportive services for free.

ISDH HIV Special Populations Support Program provides intensive support services to individuals diagnosed with HIV disease and chemical dependency. Services are offered throughout the state at 12 sites. For more information, call 317-233-7418.

Substance abuse and treatment services are provided by various providers in the area. For information, contact SAMHSA's National Helpline 1-800-487-4889 for 24-hour free and confidential treatment referral and information.

STD Prevention is HIV Prevention. The ISDH STD Prevention Program has opportunities for local health departments to receive test materials and medications for Chlamydia and gonorrhea. For more information, contact std@isdh.in.gov.

Key Contacts for Franklin County

Disease Investigation area: District 9

Local HIV Care Coordination

Aspire (Southeast)
(765)962-8742

Disease Intervention Specialists

Dorothy Waterhouse (812)288-2706
Jesse Shields (812)283-2738

HIV & STD Prevention Services

Clark County Health Department

1301 Akers Ave, Jeffersonville, IN 47130
M-F 9AM-5PM, (812)288-2706

Free HIV testing M-F by appointment only
STD testing on Tuesday afternoons, \$20.00 fee

For more information, visit the ISDH HIV/STD website at: <https://secure.in.gov/isdh/17397.htm>

or contact the ISDH Local Health Department Outreach Division at

LHDinfo@isdh.in.gov (please put "County Profile" in subject line) or **317-234-6623**.

Fulton County Profile

Background

In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxycodone (brand name Opana) and sharing needles.

What Local Health Departments Can Do

As the local “eyes and ears on the ground,” public health staff are critical to the identification of outbreaks. To do this, the following are important:

- Promptly report new HIV cases to the ISDH Division of HIV/STD/Viral Hepatitis.
- Promptly report new HCV cases to the ISDH Epidemiology Resources Center.
- Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
- Become familiar with local data so any increases are easily identified.
- Know who to contact for assistance and appropriate health services.

This Profile is a tool to become familiar with local data, local resources, and to assist you in the decision-making process for local syringe exchange programs.

Syringe Exchange Programs

Syringe exchange programs provide people who inject drugs with an opportunity to reduce the spread of bloodborne diseases such as HIV and HCV, use sterile syringes, share syringes less often, and safely dispose of used syringes. The programs serve to connect hard-to-reach people who inject drugs with important public health services, including HIV and HCV testing, substance abuse treatment, sexually transmitted disease (STD) screening and treatment, and risk reduction counseling.

Syringe Exchange Law in Indiana (<https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251>)

In May, a new law went into effect to allow local health departments and law enforcement to work together to start a syringe exchange program in their counties if the following criteria are met:

89. Local health officer declares to county/municipality:
 - a. There is an epidemic of HCV or HIV;
 - b. The primary mode of transmission of HCV or HIV is injection drug use;
 - c. That a syringe exchange program is medically appropriate as part of the comprehensive public health response.
90. The executive/legislative body of county/municipality:
 - a. Conducts a public hearing and
 - b. Takes official action that adopts the declaration of the local health officer.
91. The executive/legislative body of county/municipality:
 - a. Notifies the State Health Commissioner of declaration;
 - b. Requests the State Health Commissioner to declare a public health emergency;
 - c. Indicates other measures taken to address the epidemic have not worked.
92. Commissioner must approve or deny within 10 days from submission.
 - a. Can request additional information extending the deadline for an additional 10 days

More information on steps local health departments and health care providers can take is found in the CDC Health Advisory at <http://emergency.cdc.gov/han/han00377.asp>.

Spotlight on *Fulton County, Indiana*

	Fulton County	Indiana
Population, 2014	20,500	6,596,855
<i>HIV and HCV</i>		
New HIV cases (rate per 100,000 population), 2014	<5 (*)	515 (8)
Total number of people living with HIV, 2014	13	11,547
Newly reported HCV cases (rate per 100,000 population), 2013	11 (54)	4,535 (69)
<i>Drug overdoses and deaths</i>		
Annual average number of drug poisoning deaths (total rate per 100,000 population), 2009-2013**	<5 (*)	966 (15)
Drug poisoning deaths per 100,000 population (rate per 100,000 pop), 2013	<5 (*)	1049 (16)
Annual average number of non-fatal emergency room visits due to opioid overdoses (total rate per 100,000 population), 2009-2013**	<5 (*)	1820 (28)
Non-fatal emergency room visits due to opioid overdoses (rate per 100,000 population), 2013	<5 (*)	2,157 (33)
<i>STDs</i>		
Chlamydia cases (rate per 100,000 population), 2013	31 (152)	28,023 (432)
Gonorrhea cases (rate per 100,000 population), 2013	<5 (*)	7,144 (110)

*Numbers less than 5, including 0.

**Drug poisoning deaths: underlying cause of death coded on death certificate as drug overdose fatality or "acute drug overdose."

HCV

HCV is spread through contact with blood of an infected person, primarily through sharing contaminated needles or injection drug use equipment (CDC fact sheet). There is no vaccine for HCV. The best way to prevent HCV infection is to never inject drugs or to stop injecting drugs by getting into and staying in a drug treatment program (CDC). People who continue to inject drugs should use new, sterile syringes each time and never reuse or share needles, water, or other drug preparation equipment. The Centers for Disease Control and Prevention (CDC) recommends HCV testing for people who inject drugs, all people living with HIV, and everyone born during 1945-1965.

Substance Abuse

People abuse substances such as drugs, alcohol, and tobacco for varied reasons. Substance abuse can have negative social, physical, mental, and public health impact on individuals, families and communities. In 2013, an estimated 9.4% of people over the age of 12 in the US engaged in illegal drug use.

Key Support Services and Staff

Disease Intervention Specialists conduct partner notification, verify treatment of infected individuals, assist infected individuals in developing risk-reduction plans, and refer for HIV Care Coordination.

HIV Care Coordinators provide an individualized plan of care that includes medical, psychosocial, financial, and other supportive services for free.

ISDH HIV Special Populations Support Program provides intensive support services to individuals diagnosed with HIV disease and chemical dependency. Services are offered throughout the state at 12 sites. For more information, call 317-233-7418.

Substance abuse and treatment services are provided by various providers in the area. For information, contact SAMHSA's National Helpline 1-800-487-4889 for 24-hour free and confidential treatment referral and information.

STD Prevention is HIV Prevention. The ISDH STD Prevention Program has opportunities for local health departments to receive test materials and medications for Chlamydia and gonorrhea. For more information, contact std@isdh.in.gov.

Key Contacts for Fulton County

Disease Investigation area: District 2

Local HIV Care Coordination

AIDS Assist (800)388-2437

Disease Intervention Specialists

Melissa Murawski (574)282-3230 x112
Lawrie Covey

HIV & STD Prevention Services

Compassionate Health Center

740 N. State Rd. 25, Rochester, IN 46975

Appointment only: (574)223-6080

Provides Basic Health Screenings to the underinsured of Fulton County

For more information, visit the ISDH HIV/STD website at: <https://secure.in.gov/isdh/17397.htm>

or contact the ISDH Local Health Department Outreach Division at

LHDinfo@isdh.in.gov (please put "County Profile" in subject line) or 317-234-6623.

Gibson County Profile

Background

In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxycodone (brand name Opana) and sharing needles.

What Local Health Departments Can Do

As the local “eyes and ears on the ground,” public health staff are critical to the identification of outbreaks. To do this, the following are important:

- Promptly report new HIV cases to the ISDH Division of HIV/STD/Viral Hepatitis.
- Promptly report new HCV cases to the ISDH Epidemiology Resources Center.
- Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
- Become familiar with local data so any increases are easily identified.
- Know who to contact for assistance and appropriate health services.

This Profile is a tool to become familiar with local data, local resources, and to assist you in the decision-making process for local syringe exchange programs.

Syringe Exchange Programs

Syringe exchange programs provide people who inject drugs with an opportunity to reduce the spread of bloodborne diseases such as HIV and HCV, use sterile syringes, share syringes less often, and safely dispose of used syringes. The programs serve to connect hard-to-reach people who inject drugs with important public health services, including HIV and HCV testing, substance abuse treatment, sexually transmitted disease (STD) screening and treatment, and risk reduction counseling.

Syringe Exchange Law in Indiana (<https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251>)

In May, a new law went into effect to allow local health departments and law enforcement to work together to start a syringe exchange program in their counties if the following criteria are met:

93. Local health officer declares to county/municipality:
 - a. There is an epidemic of HCV or HIV;
 - b. The primary mode of transmission of HCV or HIV is injection drug use;
 - c. That a syringe exchange program is medically appropriate as part of the comprehensive public health response.
94. The executive/legislative body of county/municipality:
 - a. Conducts a public hearing and
 - b. Takes official action that adopts the declaration of the local health officer.
95. The executive/legislative body of county/municipality:
 - a. Notifies the State Health Commissioner of declaration;
 - b. Requests the State Health Commissioner to declare a public health emergency;
 - c. Indicates other measures taken to address the epidemic have not worked.
96. Commissioner must approve or deny within 10 days from submission.
 - a. Can request additional information extending the deadline for an additional 10 days

More information on steps local health departments and health care providers can take is found in the CDC Health Advisory at <http://emergency.cdc.gov/han/han00377.asp>.

Spotlight on Gibson County, Indiana

	Gibson County	Indiana
Population, 2014	33,759	6,596,855
HIV and HCV		
New HIV cases (rate per 100,000 population), 2014	<5 (*)	515 (8)
Total number of people living with HIV, 2014	17	11,547
Newly reported HCV cases (rate per 100,000 population), 2013	16 (48)	4,535 (69)
Drug overdoses and deaths		
Annual average number of drug poisoning deaths (total rate per 100,000 population), 2009-2013**	<5 (*)	966 (15)
Drug poisoning deaths per 100,000 population (rate per 100,000 pop), 2013	5 (15)	1049 (16)
Annual average number of non-fatal emergency room visits due to opioid overdoses (total rate per 100,000 population), 2009-2013**	5 (17)	1820 (28)
Non-fatal emergency room visits due to opioid overdoses (rate per 100,000 population), 2013	<5 (*)	2,157 (33)
STDs		
Chlamydia cases (rate per 100,000 population), 2013	98 (292)	28,023 (432)
Gonorrhea cases (rate per 100,000 population), 2013	41 (122)	7,144 (110)

*Numbers less than 5, including 0.

**Drug poisoning deaths: underlying cause of death coded on death certificate as drug overdose fatality or "acute drug overdose."

HCV

HCV is spread through contact with blood of an infected person, primarily through sharing contaminated needles or injection drug use equipment (CDC fact sheet). There is no vaccine for HCV. The best way to prevent HCV infection is to never inject drugs or to stop injecting drugs by getting into and staying in a drug treatment program (CDC). People who continue to inject drugs should use new, sterile syringes each time and never reuse or share needles, water, or other drug preparation equipment. The Centers for Disease Control and Prevention (CDC) recommends HCV testing for people who inject drugs, all people living with HIV, and everyone born during 1945-1965.

Substance Abuse

People abuse substances such as drugs, alcohol, and tobacco for varied reasons. Substance abuse can have negative social, physical, mental, and public health impact on individuals, families and communities. In 2013, an estimated 9.4% of people over the age of 12 in the US engaged in illegal drug use.

Key Support Services and Staff

Disease Intervention Specialists conduct partner notification, verify treatment of infected individuals, assist infected individuals in developing risk-reduction plans, and refer for HIV Care Coordination.

HIV Care Coordinators provide an individualized plan of care that includes medical, psychosocial, financial, and other supportive services for free.

ISDH HIV Special Populations Support Program provides intensive support services to individuals diagnosed with HIV disease and chemical dependency. Services are offered throughout the state at 12 sites. For more information, call 317-233-7418.

Substance abuse and treatment services are provided by various providers in the area. For information, contact SAMHSA's National Helpline 1-800-487-4889 for 24-hour free and confidential treatment referral and information.

STD Prevention is HIV Prevention. The ISDH STD Prevention Program has opportunities for local health departments to receive test materials and medications for Chlamydia and gonorrhea. For more information, contact std@isdh.in.gov.

Key Contacts for Gibson County

Disease Investigation area: District 8

Local HIV Care Coordination

AIDS Resource Group of Evansville
(800)423-6255

Disease Intervention Specialists

Wallace Corbitt, 812-435-5683
Wallace Paynter
Ashlee Stone Neighbors

HIV & STD Prevention Services

Gibson County Health Department

203 S. Prince Street, Princeton, IN, 47670
(812)385-3831

\$25.00 Exam Fee, STD testing on Mondays and Tuesdays

For more information, visit the ISDH HIV/STD website at: <https://secure.in.gov/isdh/17397.htm>

or contact the ISDH Local Health Department Outreach Division at

LHDinfo@isdh.in.gov (please put "County Profile" in subject line) or 317-234-6623.

Grant County Profile

Background

In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxycodone (brand name Opana) and sharing needles.

What Local Health Departments Can Do

As the local “eyes and ears on the ground,” public health staff are critical to the identification of outbreaks. To do this, the following are important:

- Promptly report new HIV cases to the ISDH Division of HIV/STD/Viral Hepatitis.
- Promptly report new HCV cases to the ISDH Epidemiology Resources Center.
- Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
- Become familiar with local data so any increases are easily identified.
- Know who to contact for assistance and appropriate health services.

This Profile is a tool to become familiar with local data, local resources, and to assist you in the decision-making process for local syringe exchange programs.

Syringe Exchange Programs

Syringe exchange programs provide people who inject drugs with an opportunity to reduce the spread of bloodborne diseases such as HIV and HCV, use sterile syringes, share syringes less often, and safely dispose of used syringes. The programs serve to connect hard-to-reach people who inject drugs with important public health services, including HIV and HCV testing, substance abuse treatment, sexually transmitted disease (STD) screening and treatment, and risk reduction counseling.

Syringe Exchange Law in Indiana (<https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251>)

In May, a new law went into effect to allow local health departments and law enforcement to work together to start a syringe exchange program in their counties if the following criteria are met:

97. Local health officer declares to county/municipality:
 - a. There is an epidemic of HCV or HIV;
 - b. The primary mode of transmission of HCV or HIV is injection drug use;
 - c. That a syringe exchange program is medically appropriate as part of the comprehensive public health response.
98. The executive/legislative body of county/municipality:
 - a. Conducts a public hearing and
 - b. Takes official action that adopts the declaration of the local health officer.
99. The executive/legislative body of county/municipality:
 - a. Notifies the State Health Commissioner of declaration;
 - b. Requests the State Health Commissioner to declare a public health emergency;
 - c. Indicates other measures taken to address the epidemic have not worked.
100. Commissioner must approve or deny within 10 days from submission.
 - a. Can request additional information extending the deadline for an additional 10 days

More information on steps local health departments and health care providers can take is found in the CDC Health Advisory at <http://emergency.cdc.gov/han/han00377.asp>.

Spotlight on Grant County, Indiana

	Grant County	Indiana
Population, 2014	68,569	6,596,855
HIV and HCV		
New HIV cases (rate per 100,000 population), 2014	<5 (*)	515 (8)
Total number of people living with HIV, 2014	69	11,547
Newly reported HCV cases (rate per 100,000 population), 2013	53 (77)	4,535 (69)
Drug overdoses and deaths		
Annual average number of drug poisoning deaths (total rate per 100,000 population), 2009-2013**	17 (26)	966 (15)
Drug poisoning deaths per 100,000 population (rate per 100,000 pop), 2013	19 (28)	1049 (16)
Annual average number of non-fatal emergency room visits due to opioid overdoses (total rate per 100,000 population), 2009-2013**	21 (31)	1820 (28)
Non-fatal emergency room visits due to opioid overdoses (rate per 100,000 population), 2013	18 (26)	2,157 (33)
STDs		
Chlamydia cases (rate per 100,000 population), 2013	331 (479)	28,023 (432)
Gonorrhea cases (rate per 100,000 population), 2013	98 (142)	7,144 (110)

*Numbers less than 5, including 0.

**Drug poisoning deaths: underlying cause of death coded on death certificate as drug overdose fatality or "acute drug overdose."

HCV

HCV is spread through contact with blood of an infected person, primarily through sharing contaminated needles or injection drug use equipment (CDC fact sheet). There is no vaccine for HCV. The best way to prevent HCV infection is to never inject drugs or to stop injecting drugs by getting into and staying in a drug treatment program (CDC). People who continue to inject drugs should use new, sterile syringes each time and never reuse or share needles, water, or other drug preparation equipment. The Centers for Disease Control and Prevention (CDC) recommends HCV testing for people who inject drugs, all people living with HIV, and everyone born during 1945-1965.

Substance Abuse

People abuse substances such as drugs, alcohol, and tobacco for varied reasons. Substance abuse can have negative social, physical, mental, and public health impact on individuals, families and communities. In 2013, an estimated 9.4% of people over the age of 12 in the US engaged in illegal drug use.

Key Support Services and Staff

Disease Intervention Specialists conduct partner notification, verify treatment of infected individuals, assist infected individuals in developing risk-reduction plans, and refer for HIV Care Coordination.

HIV Care Coordinators provide an individualized plan of care that includes medical, psychosocial, financial, and other supportive services for free.

ISDH HIV Special Populations Support Program provides intensive support services to individuals diagnosed with HIV disease and chemical dependency. Services are offered throughout the state at 12 sites. For more information, call 317-233-7418.

Substance abuse and treatment services are provided by various providers in the area. For information, contact SAMHSA's National Helpline 1-800-487-4889 for 24-hour free and confidential treatment referral and information.

STD Prevention is HIV Prevention. The ISDH STD Prevention Program has opportunities for local health departments to receive test materials and medications for Chlamydia and gonorrhea. For more information, contact std@isdh.in.gov.

Key Contacts for Grant County

Disease Investigation area: District 6

Local HIV Care Coordination

Meridian Health Services Corp
(765)288-1928

Disease Intervention Specialists

Melody Fuqua (765)254-1574
Brandon Todd (765)288-0763

HIV & STD Prevention Services

Grant County Health Department

401 S. Adams St, Marion, IN 46953

(765)651-2401

Free HIV, Chlamydia and gonorrhea testing/treatment available

Please call for an appointment

For more information, visit the ISDH HIV/STD website at: <https://secure.in.gov/isdh/17397.htm>

or contact the ISDH Local Health Department Outreach Division at

LHDinfo@isdh.in.gov (please put "County Profile" in subject line) or 317-234-6623.

Greene County Profile

Background

In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxycodone (brand name Opana) and sharing needles.

What Local Health Departments Can Do

As the local “eyes and ears on the ground,” public health staff are critical to the identification of outbreaks. To do this, the following are important:

- Promptly report new HIV cases to the ISDH Division of HIV/STD/Viral Hepatitis.
- Promptly report new HCV cases to the ISDH Epidemiology Resources Center.
- Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
- Become familiar with local data so any increases are easily identified.
- Know who to contact for assistance and appropriate health services.

This Profile is a tool to become familiar with local data, local resources, and to assist you in the decision-making process for local syringe exchange programs.

Syringe Exchange Programs

Syringe exchange programs provide people who inject drugs with an opportunity to reduce the spread of bloodborne diseases such as HIV and HCV, use sterile syringes, share syringes less often, and safely dispose of used syringes. The programs serve to connect hard-to-reach people who inject drugs with important public health services, including HIV and HCV testing, substance abuse treatment, sexually transmitted disease (STD) screening and treatment, and risk reduction counseling.

Syringe Exchange Law in Indiana (<https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251>)

In May, a new law went into effect to allow local health departments and law enforcement to work together to start a syringe exchange program in their counties if the following criteria are met:

101. Local health officer declares to county/municipality:
 - a. There is an epidemic of HCV or HIV;
 - b. The primary mode of transmission of HCV or HIV is injection drug use;
 - c. That a syringe exchange program is medically appropriate as part of the comprehensive public health response.
102. The executive/legislative body of county/municipality:
 - a. Conducts a public hearing and
 - b. Takes official action that adopts the declaration of the local health officer.
103. The executive/legislative body of county/municipality:
 - a. Notifies the State Health Commissioner of declaration;
 - b. Requests the State Health Commissioner to declare a public health emergency;
 - c. Indicates other measures taken to address the epidemic have not worked.
104. Commissioner must approve or deny within 10 days from submission.
 - a. Can request additional information extending the deadline for an additional 10 days

More information on steps local health departments and health care providers can take is found in the CDC Health Advisory at <http://emergency.cdc.gov/han/han00377.asp>.

Spotlight on Greene County, Indiana

	Greene County	Indiana
Population, 2014	32,726	6,596,855
HIV and HCV		
New HIV cases (rate per 100,000 population), 2014	<5 (*)	515 (8)
Total number of people living with HIV, 2014	16	11,547
Newly reported HCV cases (rate per 100,000 population), 2013	18 (55)	4,535 (69)
Drug overdoses and deaths		
Annual average number of drug poisoning deaths (total rate per 100,000 population), 2009-2013**	6 (21)	966 (15)
Drug poisoning deaths per 100,000 population (rate per 100,000 pop), 2013	5 (15)	1049 (16)
Annual average number of non-fatal emergency room visits due to opioid overdoses (total rate per 100,000 population), 2009-2013**	6 (19)	1820 (28)
Non-fatal emergency room visits due to opioid overdoses (rate per 100,000 population), 2013	<5 (*)	2,157 (33)
STDs		
Chlamydia cases (rate per 100,000 population), 2013	93 (284)	28,023 (432)
Gonorrhea cases (rate per 100,000 population), 2013	<5 (*)	7,144 (110)

*Numbers less than 5, including 0.

**Drug poisoning deaths: underlying cause of death coded on death certificate as drug overdose fatality or "acute drug overdose."

HCV

HCV is spread through contact with blood of an infected person, primarily through sharing contaminated needles or injection drug use equipment (CDC fact sheet). There is no vaccine for HCV. The best way to prevent HCV infection is to never inject drugs or to stop injecting drugs by getting into and staying in a drug treatment program (CDC). People who continue to inject drugs should use new, sterile syringes each time and never reuse or share needles, water, or other drug preparation equipment. The Centers for Disease Control and Prevention (CDC) recommends HCV testing for people who inject drugs, all people living with HIV, and everyone born during 1945-1965.

Substance Abuse

People abuse substances such as drugs, alcohol, and tobacco for varied reasons.

Substance abuse can have negative social, physical, mental, and public health impact on individuals, families and communities. In 2013, an estimated 9.4% of people over the age of 12 in the US engaged in illegal drug use.

Key Support Services and Staff

Disease Intervention Specialists conduct partner notification, verify treatment of infected individuals, assist infected individuals in developing risk-reduction plans, and refer for HIV Care Coordination.

HIV Care Coordinators provide an individualized plan of care that includes medical, psychosocial, financial, and other supportive services for free.

ISDH HIV Special Populations Support Program provides intensive

support services to individuals diagnosed with HIV disease and chemical dependency. Services are offered throughout the state at 12 sites. For more information, call 317-233-7418.

Substance abuse and treatment services are provided by various providers in the area. For information, contact SAMHSA's National Helpline 1-800-487-4889 for 24-hour free and confidential treatment referral and information.

STD Prevention is HIV Prevention. The ISDH STD Prevention Program has opportunities for local health departments to receive test materials and medications for Chlamydia and gonorrhea. For more information, contact std@isdh.in.gov.

Key Contacts for Greene County

Disease Investigation area: District 7

Local HIV Care Coordination

Positive Link IU Bloomington
(800)313-4645

Disease Intervention Specialists

Julie Hartley (812)349-2829
Miranda Ettinger

HIV & STD Prevention Services

Greene County Health Department

217 E. Spring St, Bloomfield, IN 47424

Free HIV, HEP C and Syphilis tests provided by Positive Link
Call for appointment: 812-353-3261

Futures Family Planning Clinic

119 W. 7th St Lower Level, Bloomington, IN 47404
812-341-7343

Low cost, sliding scale fees, Please call for appointment

For more information, visit the ISDH HIV/STD website at: <https://secure.in.gov/isdh/17397.htm>

or contact the ISDH Local Health Department Outreach Division at

LHInfo@isdh.in.gov (please put "County Profile" in subject line) or 317-234-6623.

Hamilton County Profile

Background

In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxycodone (brand name Opana) and sharing needles.

What Local Health Departments Can Do

As the local “eyes and ears on the ground,” public health staff are critical to the identification of outbreaks. To do this, the following are important:

- Promptly report new HIV cases to the ISDH Division of HIV/STD/Viral Hepatitis.
- Promptly report new HCV cases to the ISDH Epidemiology Resources Center.
- Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
- Become familiar with local data so any increases are easily identified.
- Know who to contact for assistance and appropriate health services.

This Profile is a tool to become familiar with local data, local resources, and to assist you in the decision-making process for local syringe exchange programs.

Syringe Exchange Programs

Syringe exchange programs provide people who inject drugs with an opportunity to reduce the spread of bloodborne diseases such as HIV and HCV, use sterile syringes, share syringes less often, and safely dispose of used syringes. The programs serve to connect hard-to-reach people who inject drugs with important public health services, including HIV and HCV testing, substance abuse treatment, sexually transmitted disease (STD) screening and treatment, and risk reduction counseling.

Syringe Exchange Law in Indiana (<https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251>)

In May, a new law went into effect to allow local health departments and law enforcement to work together to start a syringe exchange program in their counties if the following criteria are met:

105. Local health officer declares to county/municipality:
 - a. There is an epidemic of HCV or HIV;
 - b. The primary mode of transmission of HCV or HIV is injection drug use;
 - c. That a syringe exchange program is medically appropriate as part of the comprehensive public health response.
106. The executive/legislative body of county/municipality:
 - a. Conducts a public hearing and
 - b. Takes official action that adopts the declaration of the local health officer.
107. The executive/legislative body of county/municipality:
 - a. Notifies the State Health Commissioner of declaration;
 - b. Requests the State Health Commissioner to declare a public health emergency;
 - c. Indicates other measures taken to address the epidemic have not worked.
108. Commissioner must approve or deny within 10 days from submission.
 - a. Can request additional information extending the deadline for an additional 10 days

More information on steps local health departments and health care providers can take is found in the CDC Health Advisory at <http://emergency.cdc.gov/han/han00377.asp>.

Spotlight on Hamilton County, Indiana

	Hamilton County	Indiana
Population, 2014	302,623	6,596,855
HIV and HCV		
New HIV cases (rate per 100,000 population), 2014	9 (3)	515 (8)
Total number of people living with HIV, 2014	238	11,547
Newly reported HCV cases (rate per 100,000 population), 2013	45 (15)	4,535 (69)
Drug overdoses and deaths		
Annual average number of drug poisoning deaths (total rate per 100,000 population), 2009-2013**	21 (8)	966 (15)
Drug poisoning deaths per 100,000 population (rate per 100,000 pop), 2013	19 (6)	1049 (16)
Annual average number of non-fatal emergency room visits due to opioid overdoses (total rate per 100,000 population), 2009-2013**	61 (21)	1820 (28)
Non-fatal emergency room visits due to opioid overdoses (rate per 100,000 population), 2013	80 (27)	2,157 (33)
STDs		
Chlamydia cases (rate per 100,000 population), 2013	514 (173)	28,023 (432)
Gonorrhea cases (rate per 100,000 population), 2013	88 (30)	7,144 (110)

*Numbers less than 5, including 0.

**Drug poisoning deaths: underlying cause of death coded on death certificate as drug overdose fatality or "acute drug overdose."

HCV

HCV is spread through contact with blood of an infected person, primarily through sharing contaminated needles or injection drug use equipment (CDC fact sheet). There is no vaccine for HCV. The best way to prevent HCV infection is to never inject drugs or to stop injecting drugs by getting into and staying in a drug treatment program (CDC). People who continue to inject drugs should use new, sterile syringes each time and never reuse or share needles, water, or other drug preparation equipment. The Centers for Disease Control and Prevention (CDC) recommends HCV testing for people who inject drugs, all people living with HIV, and everyone born during 1945-1965.

Substance Abuse

People abuse substances such as drugs, alcohol, and tobacco for varied reasons. Substance abuse can have negative social, physical, mental, and public health impact on individuals, families and communities. In 2013, an estimated 9.4% of people over the age of 12 in the US engaged in illegal drug use.

Key Support Services and Staff

Disease Intervention Specialists conduct partner notification, verify treatment of infected individuals, assist infected individuals in developing risk-reduction plans, and refer for HIV Care Coordination.

HIV Care Coordinators provide an individualized plan of care that includes medical, psychosocial, financial, and other supportive services for free.

ISDH HIV Special Populations Support Program provides intensive support services to individuals diagnosed with HIV disease and chemical dependency. Services are offered throughout the state at 12 sites. For more information, call 317-233-7418.

Substance abuse and treatment services are provided by various providers in the area. For information, contact SAMHSA's National Helpline 1-800-487-4889 for 24-hour free and confidential treatment referral and information.

STD Prevention is HIV Prevention. The ISDH STD Prevention Program has opportunities for local health departments to receive test materials and medications for Chlamydia and gonorrhea. For more information, contact std@isdh.in.gov.

Key Contacts for Hamilton County Disease Investigation area: District 5

Local HIV Care Coordination

Aspire (Central)
(765)641-8326 X4528

Disease Intervention Specialists

Kari Haecker (317)221-8315
Lavida Joseph-Brown (317)221-8302
William Blakely, Bo Dawson, Ebony Gray,
Ervin Gainer, Mackenzie Szymanski, Julia
Lay, Ricky Ward, & Nate Nash

HIV & STD Prevention Services

Marion County Health Department Bell Flower Clinic

640 Eskenazi Ave., 5/3rd Bank Building, First Floor,
Indianapolis, IN 46202
(317)221-8300 appointment line, call for schedule
Tests for HIV and STDs, \$10.00 service fee.

For more information, visit the ISDH HIV/STD website at: <https://secure.in.gov/isdh/17397.htm>

or contact the ISDH Local Health Department Outreach Division at

LHDinfo@isdh.in.gov (please put "County Profile" in subject line) or **317-234-6623**.

Hancock County Profile

Background

In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxycodone (brand name Opana) and sharing needles.

What Local Health Departments Can Do

As the local “eyes and ears on the ground,” public health staff are critical to the identification of outbreaks. To do this, the following are important:

- Promptly report new HIV cases to the ISDH Division of HIV/STD/Viral Hepatitis.
- Promptly report new HCV cases to the ISDH Epidemiology Resources Center.
- Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
- Become familiar with local data so any increases are easily identified.
- Know who to contact for assistance and appropriate health services.

This Profile is a tool to become familiar with local data, local resources, and to assist you in the decision-making process for local syringe exchange programs.

Syringe Exchange Programs

Syringe exchange programs provide people who inject drugs with an opportunity to reduce the spread of bloodborne diseases such as HIV and HCV, use sterile syringes, share syringes less often, and safely dispose of used syringes. The programs serve to connect hard-to-reach people who inject drugs with important public health services, including HIV and HCV testing, substance abuse treatment, sexually transmitted disease (STD) screening and treatment, and risk reduction counseling.

Syringe Exchange Law in Indiana (<https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251>)

In May, a new law went into effect to allow local health departments and law enforcement to work together to start a syringe exchange program in their counties if the following criteria are met:

109. Local health officer declares to county/municipality:
 - a. There is an epidemic of HCV or HIV;
 - b. The primary mode of transmission of HCV or HIV is injection drug use;
 - c. That a syringe exchange program is medically appropriate as part of the comprehensive public health response.
110. The executive/legislative body of county/municipality:
 - a. Conducts a public hearing and
 - b. Takes official action that adopts the declaration of the local health officer.
111. The executive/legislative body of county/municipality:
 - a. Notifies the State Health Commissioner of declaration;
 - b. Requests the State Health Commissioner to declare a public health emergency;
 - c. Indicates other measures taken to address the epidemic have not worked.
112. Commissioner must approve or deny within 10 days from submission.
 - a. Can request additional information extending the deadline for an additional 10 days

More information on steps local health departments and health care providers can take is found in the CDC Health Advisory at <http://emergency.cdc.gov/han/han00377.asp>.

Spotlight on Hancock County, Indiana

	Hancock County	Indiana
Population, 2014	71,978	6,596,855
HIV and HCV		
New HIV cases (rate per 100,000 population), 2014	<5 (*)	515 (8)
Total number of people living with HIV, 2014	51	11,547
Newly reported HCV cases (rate per 100,000 population), 2013	23 (32)	4,535 (69)
Drug overdoses and deaths		
Annual average number of drug poisoning deaths (total rate per 100,000 population), 2009-2013**	10 (14)	966 (15)
Drug poisoning deaths per 100,000 population (rate per 100,000 pop), 2013	14 (20)	1049 (16)
Annual average number of non-fatal emergency room visits due to opioid overdoses (total rate per 100,000 population), 2009-2013**	104 (21)	1820 (28)
Non-fatal emergency room visits due to opioid overdoses (rate per 100,000 population), 2013	24 (34)	2,157 (33)
STDs		
Chlamydia cases (rate per 100,000 population), 2013	173 (243)	28,023 (432)
Gonorrhea cases (rate per 100,000 population), 2013	18 (25)	7,144 (110)

*Numbers less than 5, including 0.

**Drug poisoning deaths: underlying cause of death coded on death certificate as drug overdose fatality or "acute drug overdose."

HCV

HCV is spread through contact with blood of an infected person, primarily through sharing contaminated needles or injection drug use equipment (CDC fact sheet). There is no vaccine for HCV. The best way to prevent HCV infection is to never inject drugs or to stop injecting drugs by getting into and staying in a drug treatment program (CDC). People who continue to inject drugs should use new, sterile syringes each time and never reuse or share needles, water, or other drug preparation equipment. The Centers for Disease Control and Prevention (CDC) recommends HCV testing for people who inject drugs, all people living with HIV, and everyone born during 1945-1965.

Substance Abuse

People abuse substances such as drugs, alcohol, and tobacco for varied reasons. Substance abuse can have negative social, physical, mental, and public health impact on individuals, families and communities. In 2013, an estimated 9.4% of people over the age of 12 in the US engaged in illegal drug use.

Key Support Services and Staff

Disease Intervention Specialists conduct partner notification, verify treatment of infected individuals, assist infected individuals in developing risk-reduction plans, and refer for HIV Care Coordination.

HIV Care Coordinators provide an individualized plan of care that includes medical, psychosocial, financial, and other supportive services for free.

ISDH HIV Special Populations Support Program provides intensive support services to individuals diagnosed with HIV disease and chemical dependency. Services are offered throughout the state at 12 sites. For more information, call 317-233-7418.

Substance abuse and treatment services are provided by various providers in the area. For information, contact SAMHSA's National Helpline 1-800-487-4889 for 24-hour free and confidential treatment referral and information.

STD Prevention is HIV Prevention. The ISDH STD Prevention Program has opportunities for local health departments to receive test materials and medications for Chlamydia and gonorrhea. For more information, contact std@isdh.in.gov.

Key Contacts for Hancock County Disease Investigation area: District 5

Local HIV Care Coordination

Aspire (Central)
(765)641-8326 x4528

Disease Intervention Specialists

Kari Haecker (317)221-8315
Lavida Joseph-Brown (317)221-8302
William Blakely, Bo Dawson, Ebony Gray,
Ervin Gainer, Mackenzie Szymanski, Julia
Lay, Ricky Ward, & Nate Nash

HIV & STD Prevention Services

Marion County Health Department Bell Flower Clinic

640 Eskenazi Ave., 5/3rd Bank Building, First Floor,
Indianapolis, IN 46202
(317)221-8300 appointment line, call for schedule
Tests for HIV and STDs, \$10.00 service fee.

For more information, visit the ISDH HIV/STD website at: <https://secure.in.gov/isdh/17397.htm>

or contact the ISDH Local Health Department Outreach Division at

LHDinfo@isdh.in.gov (please put "County Profile" in subject line) or 317-234-6623.

Harrison County Profile

Background

In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxycodone (brand name Opana) and sharing needles.

What Local Health Departments Can Do

As the local “eyes and ears on the ground,” public health staff are critical to the identification of outbreaks. To do this, the following are important:

- Promptly report new HIV cases to the ISDH Division of HIV/STD/Viral Hepatitis.
- Promptly report new HCV cases to the ISDH Epidemiology Resources Center.
- Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
- Become familiar with local data so any increases are easily identified.
- Know who to contact for assistance and appropriate health services.

This Profile is a tool to become familiar with local data, local resources, and to assist you in the decision-making process for local syringe exchange programs.

Syringe Exchange Programs

Syringe exchange programs provide people who inject drugs with an opportunity to reduce the spread of bloodborne diseases such as HIV and HCV, use sterile syringes, share syringes less often, and safely dispose of used syringes. The programs serve to connect hard-to-reach people who inject drugs with important public health services, including HIV and HCV testing, substance abuse treatment, sexually transmitted disease (STD) screening and treatment, and risk reduction counseling.

Syringe Exchange Law in Indiana (<https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251>)

In May, a new law went into effect to allow local health departments and law enforcement to work together to start a syringe exchange program in their counties if the following criteria are met:

113. Local health officer declares to county/municipality:
 - a. There is an epidemic of HCV or HIV;
 - b. The primary mode of transmission of HCV or HIV is injection drug use;
 - c. That a syringe exchange program is medically appropriate as part of the comprehensive public health response.
114. The executive/legislative body of county/municipality:
 - a. Conducts a public hearing and
 - b. Takes official action that adopts the declaration of the local health officer.
115. The executive/legislative body of county/municipality:
 - a. Notifies the State Health Commissioner of declaration;
 - b. Requests the State Health Commissioner to declare a public health emergency;
 - c. Indicates other measures taken to address the epidemic have not worked.
116. Commissioner must approve or deny within 10 days from submission.
 - a. Can request additional information extending the deadline for an additional 10 days

More information on steps local health departments and health care providers can take is found in the CDC Health Advisory at <http://emergency.cdc.gov/han/han00377.asp>.

Spotlight on Harrison County, Indiana

	Harrison County	Indiana
Population, 2014	39,299	6,596,855
HIV and HCV		
New HIV cases (rate per 100,000 population), 2014	<5 (*)	515 (8)
Total number of people living with HIV, 2014	34	11,547
Newly reported HCV cases (rate per 100,000 population), 2013	22 (56)	4,535 (69)
Drug overdoses and deaths		
Annual average number of drug poisoning deaths (total rate per 100,000 population), 2009-2013**	<5 (*)	966 (15)
Drug poisoning deaths per 100,000 population (rate per 100,000 pop), 2013	6 (15)	1049 (16)
Annual average number of non-fatal emergency room visits due to opioid overdoses (total rate per 100,000 population), 2009-2013**	9 (23)	1820 (28)
Non-fatal emergency room visits due to opioid overdoses (rate per 100,000 population), 2013	10 (26)	2,157 (33)
STDs		
Chlamydia cases (rate per 100,000 population), 2013	90 (230)	28,023 (432)
Gonorrhea cases (rate per 100,000 population), 2013	14 (36)	7,144 (110)

*Numbers less than 5, including 0.

**Drug poisoning deaths: underlying cause of death coded on death certificate as drug overdose fatality or "acute drug overdose."

HCV

HCV is spread through contact with blood of an infected person, primarily through sharing contaminated needles or injection drug use equipment (CDC fact sheet). There is no vaccine for HCV. The best way to prevent HCV infection is to never inject drugs or to stop injecting drugs by getting into and staying in a drug treatment program (CDC). People who continue to inject drugs should use new, sterile syringes each time and never reuse or share needles, water, or other drug preparation equipment. The Centers for Disease Control and Prevention (CDC) recommends HCV testing for people who inject drugs, all people living with HIV, and everyone born during 1945-1965.

Substance Abuse

People abuse substances such as drugs, alcohol, and tobacco for varied reasons.

Substance abuse can have negative social, physical, mental, and public health impact on individuals, families and communities. In 2013, an estimated 9.4% of people over the age of 12 in the US engaged in illegal drug use.

Key Support Services and Staff

Disease Intervention Specialists conduct partner notification, verify treatment of infected individuals, assist infected individuals in developing risk-reduction plans, and refer for HIV Care Coordination.

HIV Care Coordinators provide an individualized plan of care that includes medical, psychosocial, financial, and other supportive services for free.

ISDH HIV Special Populations Support Program provides intensive support services to individuals diagnosed with HIV disease and chemical dependency. Services are offered throughout the state at 12 sites. For more information, call 317-233-7418.

Substance abuse and treatment services are provided by various providers in the area. For information, contact SAMHSA's National Helpline 1-800-487-4889 for 24-hour free and confidential treatment referral and information.

STD Prevention is HIV Prevention. The ISDH STD Prevention Program has opportunities for local health departments to receive test materials and medications for Chlamydia and gonorrhea. For more information, contact std@isdh.in.gov.

Key Contacts for Harrison County

Disease Investigation area: District 9

Local HIV Care Coordination

Clark County Health Department
(800)828-5624

Disease Intervention Specialists

Dorothy Waterhouse (812)288-2706
Jesse Shields (812)283-2738

HIV & STD Prevention Services

Clark County Health Department

1301 Akers Ave, Jeffersonville, IN 47130
M-F 9AM-5PM, (812)288-2706

Free HIV testing M-F by appointment only
STD testing on Tuesday afternoons, \$20.00 fee

For more information, visit the ISDH HIV/STD website at: <https://secure.in.gov/isdh/17397.htm>

or contact the ISDH Local Health Department Outreach Division at

LHDinfo@isdh.in.gov (please put "County Profile" in subject line) or 317-234-6623.

Hendricks County Profile

Background

In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxycodone (brand name Opana) and sharing needles.

What Local Health Departments Can Do

As the local “eyes and ears on the ground,” public health staff are critical to the identification of outbreaks. To do this, the following are important:

- Promptly report new HIV cases to the ISDH Division of HIV/STD/Viral Hepatitis.
- Promptly report new HCV cases to the ISDH Epidemiology Resources Center.
- Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
- Become familiar with local data so any increases are easily identified.
- Know who to contact for assistance and appropriate health services.

This Profile is a tool to become familiar with local data, local resources, and to assist you in the decision-making process for local syringe exchange programs.

Syringe Exchange Programs

Syringe exchange programs provide people who inject drugs with an opportunity to reduce the spread of bloodborne diseases such as HIV and HCV, use sterile syringes, share syringes less often, and safely dispose of used syringes. The programs serve to connect hard-to-reach people who inject drugs with important public health services, including HIV and HCV testing, substance abuse treatment, sexually transmitted disease (STD) screening and treatment, and risk reduction counseling.

Syringe Exchange Law in Indiana (<https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251>)

In May, a new law went into effect to allow local health departments and law enforcement to work together to start a syringe exchange program in their counties if the following criteria are met:

117. Local health officer declares to county/municipality:
 - a. There is an epidemic of HCV or HIV;
 - b. The primary mode of transmission of HCV or HIV is injection drug use;
 - c. That a syringe exchange program is medically appropriate as part of the comprehensive public health response.
118. The executive/legislative body of county/municipality:
 - a. Conducts a public hearing and
 - b. Takes official action that adopts the declaration of the local health officer.
119. The executive/legislative body of county/municipality:
 - a. Notifies the State Health Commissioner of declaration;
 - b. Requests the State Health Commissioner to declare a public health emergency;
 - c. Indicates other measures taken to address the epidemic have not worked.
120. Commissioner must approve or deny within 10 days from submission.
 - a. Can request additional information extending the deadline for an additional 10 days

More information on steps local health departments and health care providers can take is found in the CDC Health Advisory at <http://emergency.cdc.gov/han/han00377.asp>.

Spotlight on Hendricks County, Indiana

	Hendricks County	Indiana
Population, 2014	156,056	6,596,855
HIV and HCV		
New HIV cases (rate per 100,000 population), 2014	7 (5)	515 (8)
Total number of people living with HIV, 2014	151	11,547
Newly reported HCV cases (rate per 100,000 population), 2013+	752 (489)	4,535 (69)
Drug overdoses and deaths		
Annual average number of drug poisoning deaths (total rate per 100,000 population), 2009-2013**	17 (12)	966 (15)
Drug poisoning deaths per 100,000 population (rate per 100,000 pop), 2013	23 (15)	1049 (16)
Annual average number of non-fatal emergency room visits due to opioid overdoses (total rate per 100,000 population), 2009-2013**	31 (22)	1820 (28)
Non-fatal emergency room visits due to opioid overdoses (rate per 100,000 population), 2013	24 (16)	2,157 (33)
STDs		
Chlamydia cases (rate per 100,000 population), 2013	349 (227)	28,023 (432)
Gonorrhea cases (rate per 100,000 population), 2013	54 (35)	7,144 (110)

*Numbers less than 5, including 0.

**Drug poisoning deaths: underlying cause of death coded on death certificate as drug overdose fatality or "acute drug overdose."

+Includes Department of Corrections cases .

HCV

HCV is spread through contact with blood of an infected person, primarily through sharing contaminated needles or injection drug use equipment (CDC fact sheet). There is no vaccine for HCV. The best way to prevent HCV infection is to never inject drugs or to stop injecting drugs by getting into and staying in a drug treatment program (CDC). People who continue to inject drugs should use new, sterile syringes each time and never reuse or share needles, water, or other drug preparation equipment. The Centers for Disease Control and Prevention (CDC) recommends HCV testing for people who inject drugs, all people living with HIV, and everyone born during 1945-1965.

Substance Abuse

People abuse substances such as drugs, alcohol, and tobacco for varied reasons. Substance abuse can have negative social, physical, mental, and public health impact on individuals, families and communities. In 2013, an estimated 9.4% of people over the age of 12 in the US engaged in illegal drug use.

Key Support Services and Staff

Disease Intervention Specialists conduct partner notification, verify treatment of infected individuals, assist infected individuals in developing risk-reduction plans, and refer for HIV Care Coordination.

HIV Care Coordinators provide an individualized plan of care that includes medical, psychosocial, financial, and other supportive services for free.

ISDH HIV Special Populations Support Program provides intensive support services to individuals diagnosed with HIV disease and chemical dependency. Services are offered throughout the state at 12 sites. For more information, call 317-233-7418.

Substance abuse and treatment services are provided by various providers in the area. For information, contact SAMHSA's National Helpline 1-800-487-4889 for 24-hour free and confidential treatment referral and information.

STD Prevention is HIV Prevention. The ISDH STD Prevention Program has opportunities for local health departments to receive test materials and medications for Chlamydia and gonorrhea. For more information, contact std@isdh.in.gov.

Key Contacts for Hendricks County Disease Investigation area: District 5

Local HIV Care Coordination

Eskenazi Health (317)880-3503
Damien Center (800)213-1163
Concord Center (317)637-4376
Lifecare (317)962-2700
Step Up (317)259-7013 x16

Disease Intervention Specialists

Kari Haecker (317)221-8315
Lavida Joseph-Brown (317)221-8302
William Blakely, Bo Dawson, Ebony Gray,
Ervin Gainer, Mackenzie Szymanski, Julia Lay,
Ricky Ward, & Nate Nash

HIV & STD Prevention Services

Hendricks County Health Department

355S. Washington St, Suite #211, Danville, IN 46155
(317)745-9222

Free HIV and STD testing every 3rd Thursday of the month by the Damien Center, referred to treatment at Damien center if positive.

For more information, visit the ISDH HIV/STD website at: <https://secure.in.gov/isdh/17397.htm>

or contact the ISDH Local Health Department Outreach Division at

LHDinfo@isdh.in.gov (please put "County Profile" in subject line) or 317-234-6623.

Henry County Profile

Background

In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxycodone (brand name Opana) and sharing needles.

What Local Health Departments Can Do

As the local “eyes and ears on the ground,” public health staff are critical to the identification of outbreaks. To do this, the following are important:

- Promptly report new HIV cases to the ISDH Division of HIV/STD/Viral Hepatitis.
- Promptly report new HCV cases to the ISDH Epidemiology Resources Center.
- Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
- Become familiar with local data so any increases are easily identified.
- Know who to contact for assistance and appropriate health services.

This Profile is a tool to become familiar with local data, local resources, and to assist you in the decision-making process for local syringe exchange programs.

Syringe Exchange Programs

Syringe exchange programs provide people who inject drugs with an opportunity to reduce the spread of bloodborne diseases such as HIV and HCV, use sterile syringes, share syringes less often, and safely dispose of used syringes. The programs serve to connect hard-to-reach people who inject drugs with important public health services, including HIV and HCV testing, substance abuse treatment, sexually transmitted disease (STD) screening and treatment, and risk reduction counseling.

Syringe Exchange Law in Indiana (<https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251>)

In May, a new law went into effect to allow local health departments and law enforcement to work together to start a needle exchange program in their counties if the following criteria are met:

121. Local health officer declares to county/municipality:
 - a. There is an epidemic of HCV or HIV;
 - b. The primary mode of transmission of HCV or HIV is injection drug use;
 - c. That a Syringe Exchange Program is medically appropriate as part of the comprehensive public health response.
122. The executive/legislative body of county/municipality:
 - a. Conducts a public hearing and
 - b. Takes official action that adopts the declaration of the local health officer.
123. The executive/legislative body of county/municipality:
 - a. Notifies the State Health Commissioner of declaration;
 - b. Requests the State Health Commissioner to declare a public health emergency;
 - c. Indicates other measures taken to address the epidemic have not worked.
124. Commissioner must approve or deny within 10 days from submission.
 - a. Can request additional information extending the deadline for an additional 10 days

More information on steps local health departments and health care providers can take is found in the CDC Health Advisory at <http://emergency.cdc.gov/han/han00377.asp>.

Spotlight on Henry County, Indiana

	Henry County	Indiana
Population, 2014	48,995	6,596,855
HIV and HCV		
New HIV cases (rate per 100,000 population), 2014	<5 (*)	515 (8)
Total number of people living with HIV, 2014	54	11,547
Newly reported HCV cases (rate per 100,000 population), 2013+	53 (108)	4,535 (69)
Drug overdoses and deaths		
Annual average number of drug poisoning deaths (total rate per 100,000 population), 2009-2013**	13 (27)	966 (15)
Drug poisoning deaths per 100,000 population (rate per 100,000 pop), 2013	15 (31)	1049 (16)
Annual average number of non-fatal emergency room visits due to opioid overdoses (total rate per 100,000 population), 2009-2013**	15 (31)	1820 (28)
Non-fatal emergency room visits due to opioid overdoses (rate per 100,000 population), 2013	17 (35)	2,157 (33)
STDs		
Chlamydia cases (rate per 100,000 population), 2013	121 (247)	28,023 (432)
Gonorrhea cases (rate per 100,000 population), 2013	18 (37)	7,144 (110)

*Numbers less than 5, including 0.

**Drug poisoning deaths: underlying cause of death coded on death certificate as drug overdose fatality or "acute drug overdose."

+Includes Department of Corrections cases.

HCV

HCV is spread through contact with blood of an infected person, primarily through sharing contaminated needles or injection drug use equipment (CDC fact sheet). There is no vaccine for HCV. The best way to prevent HCV infection is to never inject drugs or to stop injecting drugs by getting into and staying in a drug treatment program (CDC). People who continue to inject drugs should use new, sterile syringes each time and never reuse or share needles, water, or other drug preparation equipment. The Centers for Disease Control and Prevention (CDC) recommends HCV testing for people who inject drugs, all people living with HIV, and everyone born during 1945-1965.

Substance Abuse

People abuse substances such as drugs, alcohol, and tobacco for varied reasons. Substance abuse can have negative social, physical, mental, and public health impact on individuals, families and communities. In 2013, an estimated 9.4% of people over the age of 12 in the US engaged in illegal drug use.

Key Support Services and Staff

Disease Intervention Specialists conduct partner notification, verify treatment of infected individuals, assist infected individuals in developing risk-reduction plans, and refer for HIV Care Coordination.

HIV Care Coordinators provide an individualized plan of care that includes medical, psychosocial, financial, and other supportive services for free.

ISDH HIV Special Populations Support Program provides intensive support services to individuals diagnosed with HIV disease and chemical dependency. Services are offered throughout the state at 12 sites. For more information, call 317-233-7418.

Substance abuse and treatment services are provided by various providers in the area. For information, contact SAMHSA's National Helpline 1-800-487-4889 for 24-hour free and confidential treatment referral and information.

STD Prevention is HIV Prevention. The ISDH STD Prevention Program has opportunities for local health departments to receive test materials and medications for Chlamydia and gonorrhea. For more information, contact std@isdh.in.gov.

Key Contacts for Henry County

Disease Investigation area: District 6

Local HIV Care Coordination

Aspire (Southeast)
(765)962-8742

Disease Intervention Specialists

Melody Fuqua (765)254-1574
Brandon Todd (765)288-0763

HIV & STD Prevention Services

Interlocal Community Action Program, Inc.

615 IN Hwy 38, New Castle, IN 47362
(765)529-4403

Sliding Scale Fees available
Please call for appointments

For more information, visit the ISDH HIV/STD website at: <https://secure.in.gov/isdh/17397.htm>

or contact the ISDH Local Health Department Outreach Division at

LHDinfo@isdh.in.gov (please put "County Profile" in subject line) or 317-234-6623.

Howard County Profile

Background

In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxycodone (brand name Opana) and sharing needles.

What Local Health Departments Can Do

As the local “eyes and ears on the ground,” public health staff are critical to the identification of outbreaks. To do this, the following are important:

- Promptly report new HIV cases to the ISDH Division of HIV/STD/Viral Hepatitis.
- Promptly report new HCV cases to the ISDH Epidemiology Resources Center.
- Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
- Become familiar with local data so any increases are easily identified.
- Know who to contact for assistance and appropriate health services.

This Profile is a tool to become familiar with local data, local resources, and to assist you in the decision-making process for local syringe exchange programs.

Syringe Exchange Programs

Syringe exchange programs provide people who inject drugs with an opportunity to reduce the spread of bloodborne diseases such as HIV and HCV, use sterile syringes, share syringes less often, and safely dispose of used syringes. The programs serve to connect hard-to-reach people who inject drugs with important public health services, including HIV and HCV testing, substance abuse treatment, sexually transmitted disease (STD) screening and treatment, and risk reduction counseling.

Syringe Exchange Law in Indiana (<https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251>)

In May, a new law went into effect to allow local health departments and law enforcement to work together to start a syringe exchange program in their counties if the following criteria are met:

125. Local health officer declares to county/municipality:
 - a. There is an epidemic of HCV or HIV;
 - b. The primary mode of transmission of HCV or HIV is injection drug use;
 - c. That a syringe exchange program is medically appropriate as part of the comprehensive public health response.
126. The executive/legislative body of county/municipality:
 - a. Conducts a public hearing and
 - b. Takes official action that adopts the declaration of the local health officer.
127. The executive/legislative body of county/municipality:
 - a. Notifies the State Health Commissioner of declaration;
 - b. Requests the State Health Commissioner to declare a public health emergency;
 - c. Indicates other measures taken to address the epidemic have not worked.
128. Commissioner must approve or deny within 10 days from submission.
 - a. Can request additional information extending the deadline for an additional 10 days

More information on steps local health departments and health care providers can take is found in the CDC Health Advisory at <http://emergency.cdc.gov/han/han00377.asp>.

Spotlight on Howard County, Indiana

	Howard County	Indiana
Population, 2014	82,982	6,596,855
HIV and HCV		
New HIV cases (rate per 100,000 population), 2014	<5 (*)	515 (8)
Total number of people living with HIV, 2014	106	11,547
Newly reported HCV cases (rate per 100,000 population), 2013	52 (63)	4,535 (69)
Drug overdoses and deaths		
Annual average number of drug poisoning deaths (total rate per 100,000 population), 2009-2013**	23 (28)	966 (15)
Drug poisoning deaths per 100,000 population (rate per 100,000 pop), 2013	24 (29)	1049 (16)
Annual average number of non-fatal emergency room visits due to opioid overdoses (total rate per 100,000 population), 2009-2013**	40 (49)	1820 (28)
Non-fatal emergency room visits due to opioid overdoses (rate per 100,000 population), 2013	38 (46)	2,157 (33)
STDs		
Chlamydia cases (rate per 100,000 population), 2013	235 (284)	28,023 (432)
Gonorrhea cases (rate per 100,000 population), 2013	64 (77)	7,144 (110)

*Numbers less than 5, including 0.

**Drug poisoning deaths: underlying cause of death coded on death certificate as drug overdose fatality or "acute drug overdose."

HCV

HCV is spread through contact with blood of an infected person, primarily through sharing contaminated needles or injection drug use equipment (CDC fact sheet). There is no vaccine for HCV. The best way to prevent HCV infection is to never inject drugs or to stop injecting drugs by getting into and staying in a drug treatment program (CDC). People who continue to inject drugs should use new, sterile syringes each time and never reuse or share needles, water, or other drug preparation equipment. The Centers for Disease Control and Prevention (CDC) recommends HCV testing for people who inject drugs, all people living with HIV, and everyone born during 1945-1965.

Substance Abuse

People abuse substances such as drugs, alcohol, and tobacco for varied reasons. Substance abuse can have negative social, physical, mental, and public health impact on individuals, families and communities. In 2013, an estimated 9.4% of people over the age of 12 in the US engaged in illegal drug use.

Key Support Services and Staff

Disease Intervention Specialists conduct partner notification, verify treatment of infected individuals, assist infected individuals in developing risk-reduction plans, and refer for HIV Care Coordination.

HIV Care Coordinators provide an individualized plan of care that includes medical, psychosocial, financial, and other supportive services for free.

ISDH HIV Special Populations Support Program provides intensive support services to individuals diagnosed with HIV disease and chemical dependency. Services are offered throughout the state at 12 sites. For more information, call 317-233-7418.

Substance abuse and treatment services are provided by various providers in the area. For information, contact SAMHSA's National Helpline 1-800-487-4889 for 24-hour free and confidential treatment referral and information.

STD Prevention is HIV Prevention. The ISDH STD Prevention Program has opportunities for local health departments to receive test materials and medications for Chlamydia and gonorrhea. For more information, contact std@isdh.in.gov.

For more information, visit the ISDH HIV/STD website at: <https://secure.in.gov/isdh/17397.htm>

or contact the ISDH Local Health Department Outreach Division at

LHDinfo@isdh.in.gov (please put "County Profile" in subject line) or **317-234-6623**.

Key Contacts for Howard County

Disease Investigation area: District 4

Local HIV Care Coordination

Aspire (Central)
(765)641-8326 X4528

Disease Intervention Specialists

Summer Wagner-Walker
(765)635-7666

HIV & STD Prevention Services

Howard County Health Department

120 E. Mullberry St, Kokomo, IN 46901
(765)456-2403

Free HIV testing on Mondays Only

Madison County Health Department

206 E. 9th St #200, Anderson, IN 46016
(765)641-9524

\$15.00 Fee (covers all tests and possible treatments)

Huntington County Profile

Background

In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxycodone (brand name Opana) and sharing needles.

What Local Health Departments Can Do

As the local “eyes and ears on the ground,” public health staff are critical to the identification of outbreaks. To do this, the following are important:

- Promptly report new HIV cases to the ISDH Division of HIV/STD/Viral Hepatitis.
- Promptly report new HCV cases to the ISDH Epidemiology Resources Center.
- Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
- Become familiar with local data so any increases are easily identified.
- Know who to contact for assistance and appropriate health services.

This Profile is a tool to become familiar with local data, local resources, and to assist you in the decision-making process for local syringe exchange programs.

Syringe Exchange Programs

Syringe exchange programs provide people who inject drugs with an opportunity to reduce the spread of bloodborne diseases such as HIV and HCV, use sterile syringes, share syringes less often, and safely dispose of used syringes. The programs serve to connect hard-to-reach people who inject drugs with important public health services, including HIV and HCV testing, substance abuse treatment, sexually transmitted disease (STD) screening and treatment, and risk reduction counseling.

Syringe Exchange Law in Indiana (<https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251>)

In May, a new law went into effect to allow local health departments and law enforcement to work together to start a syringe exchange program in their counties if the following criteria are met:

129. Local health officer declares to county/municipality:
 - a. There is an epidemic of HCV or HIV;
 - b. The primary mode of transmission of HCV or HIV is injection drug use;
 - c. That a syringe exchange program is medically appropriate as part of the comprehensive public health response.
130. The executive/legislative body of county/municipality:
 - a. Conducts a public hearing and
 - b. Takes official action that adopts the declaration of the local health officer.
131. The executive/legislative body of county/municipality:
 - a. Notifies the State Health Commissioner of declaration;
 - b. Requests the State Health Commissioner to declare a public health emergency;
 - c. Indicates other measures taken to address the epidemic have not worked.
132. Commissioner must approve or deny within 10 days from submission.
 - a. Can request additional information extending the deadline for an additional 10 days

More information on steps local health departments and health care providers can take is found in the CDC Health Advisory at <http://emergency.cdc.gov/han/han00377.asp>.

Spotlight on *Huntington County, Indiana*

	Huntington County	Indiana
Population, 2014	36,706	6,596,855
<i>HIV and HCV</i>		
New HIV cases (rate per 100,000 population), 2014	<5 (*)	515 (8)
Total number of people living with HIV, 2014	19	11,547
Newly reported HCV cases (rate per 100,000 population), 2013	6 (16)	4,535 (69)
<i>Drug overdoses and deaths</i>		
Annual average number of drug poisoning deaths (total rate per 100,000 population), 2009-2013**	6 (17)	966 (15)
Drug poisoning deaths per 100,000 population (rate per 100,000 pop), 2013	19 (16)	1049 (16)
Annual average number of non-fatal emergency room visits due to opioid overdoses (total rate per 100,000 population), 2009-2013**	11 (30)	1820 (28)
Non-fatal emergency room visits due to opioid overdoses (rate per 100,000 population), 2013	11 (30)	2,157 (33)
<i>STDs</i>		
Chlamydia cases (rate per 100,000 population), 2013	91 (247)	28,023 (432)
Gonorrhea cases (rate per 100,000 population), 2013	7 (19)	7,144 (110)

*Numbers less than 5, including 0.

**Drug poisoning deaths: underlying cause of death coded on death certificate as drug overdose fatality or "acute drug overdose."

HCV

HCV is spread through contact with blood of an infected person, primarily through sharing contaminated needles or injection drug use equipment (CDC fact sheet). There is no vaccine for HCV. The best way to prevent HCV infection is to never inject drugs or to stop injecting drugs by getting into and staying in a drug treatment program (CDC). People who continue to inject drugs should use new, sterile syringes each time and never reuse or share needles, water, or other drug preparation equipment. The Centers for Disease Control and Prevention (CDC) recommends HCV testing for people who inject drugs, all people living with HIV, and everyone born during 1945-1965.

Substance Abuse

People abuse substances such as drugs, alcohol, and tobacco for varied reasons. Substance abuse can have negative social, physical, mental, and public health impact on individuals, families and communities. In 2013, an estimated 9.4% of people over the age of 12 in the US engaged in illegal drug use.

Key Support Services and Staff

Disease Intervention Specialists conduct partner notification, verify treatment of infected individuals, assist infected individuals in developing risk-reduction plans, and refer for HIV Care Coordination.

HIV Care Coordinators provide an individualized plan of care that includes medical, psychosocial, financial, and other supportive services for free.

ISDH HIV Special Populations Support Program provides intensive support services to individuals diagnosed with HIV disease and chemical dependency. Services are offered throughout the state at 12 sites. For more information, call 317-233-7418.

Substance abuse and treatment services are provided by various providers in the area. For information, contact SAMHSA's National Helpline 1-800-487-4889 for 24-hour free and confidential treatment referral and information.

STD Prevention is HIV Prevention. The ISDH STD Prevention Program has opportunities for local health departments to receive test materials and medications for Chlamydia and gonorrhea. For more information, contact std@isdh.in.gov.

Key Contacts for Huntington County

Disease Investigation area: District 6

Local HIV Care Coordination

AIDS Task Force/Positive Resource center (260)744-1144

Disease Intervention Specialists

Melody Fuqua (765)254-1574
Brandon Todd (765)288-0763

HIV & STD Prevention Services

Ft. Wayne-Allen County Department of Health Medical Annex building

4813 New Haven Ave, Ft. Wayne 46803
260-449-7504

Full Service STD Clinic with HIV testing, Immunizations, Infectious Disease Clinic, travel clinic.

Minimal fees apply, info on website:

www.allencountyhealth.com

For more information, visit the ISDH HIV/STD website at: <https://secure.in.gov/isdh/17397.htm>

or contact the ISDH Local Health Department Outreach Division at

LHDinfo@isdh.in.gov (please put "County Profile" in subject line) or **317-234-6623**.

Jackson County Profile

Background

In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxycodone (brand name Opana) and sharing needles.

What Local Health Departments Can Do

As the local “eyes and ears on the ground,” public health staff are critical to the identification of outbreaks. To do this, the following are important:

- Promptly report new HIV cases to the ISDH Division of HIV/STD/Viral Hepatitis.
- Promptly report new HCV cases to the ISDH Epidemiology Resources Center.
- Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
- Become familiar with local data so any increases are easily identified.
- Know who to contact for assistance and appropriate health services.

This Profile is a tool to become familiar with local data, local resources, and to assist you in the decision-making process for local syringe exchange programs.

Syringe Exchange Programs

Syringe exchange programs provide people who inject drugs with an opportunity to reduce the spread of bloodborne diseases such as HIV and HCV, use sterile syringes, share syringes less often, and safely dispose of used syringes. The programs serve to connect hard-to-reach people who inject drugs with important public health services, including HIV and HCV testing, substance abuse treatment, sexually transmitted disease (STD) screening and treatment, and risk reduction counseling.

Syringe Exchange Law in Indiana (<https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251>)

In May, a new law went into effect to allow local health departments and law enforcement to work together to start a syringe exchange program in their counties if the following criteria are met:

133. Local health officer declares to county/municipality:
 - a. There is an epidemic of HCV or HIV;
 - b. The primary mode of transmission of HCV or HIV is injection drug use;
 - c. That a syringe exchange program is medically appropriate as part of the comprehensive public health response.
134. The executive/legislative body of county/municipality:
 - a. Conducts a public hearing and
 - b. Takes official action that adopts the declaration of the local health officer.
135. The executive/legislative body of county/municipality:
 - a. Notifies the State Health Commissioner of declaration;
 - b. Requests the State Health Commissioner to declare a public health emergency;
 - c. Indicates other measures taken to address the epidemic have not worked.
136. Commissioner must approve or deny within 10 days from submission.
 - a. Can request additional information extending the deadline for an additional 10 days

More information on steps local health departments and health care providers can take is found in the CDC Health Advisory at <http://emergency.cdc.gov/han/han00377.asp>.

Spotlight on Jackson County, Indiana

	Jackson County	Indiana
Population, 2014	43,705	6,596,855
HIV and HCV		
New HIV cases (rate per 100,000 population), 2014	<5 (*)	515 (8)
Total number of people living with HIV, 2014	40	11,547
Newly reported HCV cases (rate per 100,000 population), 2013	48 (111)	4,535 (69)
Drug overdoses and deaths		
Annual average number of drug poisoning deaths (total rate per 100,000 population), 2009-2013**	7 (16)	966 (15)
Drug poisoning deaths per 100,000 population (rate per 100,000 pop), 2013	10 (23)	1049 (16)
Annual average number of non-fatal emergency room visits due to opioid overdoses (total rate per 100,000 population), 2009-2013**	8 (19)	1820 (28)
Non-fatal emergency room visits due to opioid overdoses (rate per 100,000 population), 2013	8 (18)	2,157 (33)
STDs		
Chlamydia cases (rate per 100,000 population), 2013	154 (354)	28,023 (432)
Gonorrhea cases (rate per 100,000 population), 2013	23 (53)	7,144 (110)

*Numbers less than 5, including 0.

**Drug poisoning deaths: underlying cause of death coded on death certificate as drug overdose fatality or "acute drug overdose."

HCV

HCV is spread through contact with blood of an infected person, primarily through sharing contaminated needles or injection drug use equipment (CDC fact sheet). There is no vaccine for HCV. The best way to prevent HCV infection is to never inject drugs or to stop injecting drugs by getting into and staying in a drug treatment program (CDC). People who continue to inject drugs should use new, sterile syringes each time and never reuse or share needles, water, or other drug preparation equipment. The Centers for Disease Control and Prevention (CDC) recommends HCV testing for people who inject drugs, all people living with HIV, and everyone born during 1945-1965.

Substance Abuse

People abuse substances such as drugs, alcohol, and tobacco for varied reasons. Substance abuse can have negative social, physical, mental, and public health impact on individuals, families and communities. In 2013, an estimated 9.4% of people over the age of 12 in the US engaged in illegal drug use.

Key Support Services and Staff

Disease Intervention Specialists conduct partner notification, verify treatment of infected individuals, assist infected individuals in developing risk-reduction plans, and refer for HIV Care Coordination.

HIV Care Coordinators provide an individualized plan of care that includes medical, psychosocial, financial, and other supportive services for free.

ISDH HIV Special Populations Support Program provides intensive support services to individuals diagnosed with HIV disease and chemical dependency. Services are offered throughout the state at 12 sites. For more information, call 317-233-7418.

Substance abuse and treatment services are provided by various providers in the area. For information, contact SAMHSA's National Helpline 1-800-487-4889 for 24-hour free and confidential treatment referral and information.

STD Prevention is HIV Prevention. The ISDH STD Prevention Program has opportunities for local health departments to receive test materials and medications for Chlamydia and gonorrhea. For more information, contact std@isdh.in.gov.

Key Contacts for Jackson County

Disease Investigation area: District 9

Local HIV Care Coordination

Clark County Health Department
(800)828-5624

Disease Intervention Specialists

Dorothy Waterhouse (812)288-2706
Jesse Shields (812)283-2738

HIV & STD Prevention Services

Clark County Health Department

1301 Akers Ave, Jeffersonville, IN 47130
M-F 9AM-5PM, (812)288-2706

Free HIV testing M-F by appointment only
STD testing on Tuesday afternoons, \$20.00 fee

For more information, visit the ISDH HIV/STD website at: <https://secure.in.gov/isdh/17397.htm>

or contact the ISDH Local Health Department Outreach Division at

LHDinfo@isdh.in.gov (please put "County Profile" in subject line) or **317-234-6623**.

Jasper County Profile

Background

In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxycodone (brand name Opana) and sharing needles.

What Local Health Departments Can Do

As the local “eyes and ears on the ground,” public health staff are critical to the identification of outbreaks. To do this, the following are important:

- Promptly report new HIV cases to the ISDH Division of HIV/STD/Viral Hepatitis.
- Promptly report new HCV cases to the ISDH Epidemiology Resources Center.
- Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
- Become familiar with local data so any increases are easily identified.
- Know who to contact for assistance and appropriate health services.

This Profile is a tool to become familiar with local data, local resources, and to assist you in the decision-making process for local syringe exchange programs.

Syringe Exchange Programs

Syringe exchange programs provide people who inject drugs with an opportunity to reduce the spread of bloodborne diseases such as HIV and HCV, use sterile syringes, share syringes less often, and safely dispose of used syringes. The programs serve to connect hard-to-reach people who inject drugs with important public health services, including HIV and HCV testing, substance abuse treatment, sexually transmitted disease (STD) screening and treatment, and risk reduction counseling.

Syringe Exchange Law in Indiana (<https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251>)

In May, a new law went into effect to allow local health departments and law enforcement to work together to start a syringe exchange program in their counties if the following criteria are met:

137. Local health officer declares to county/municipality:
 - a. There is an epidemic of HCV or HIV;
 - b. The primary mode of transmission of HCV or HIV is injection drug use;
 - c. That a syringe exchange program is medically appropriate as part of the comprehensive public health response.
138. The executive/legislative body of county/municipality:
 - a. Conducts a public hearing and
 - b. Takes official action that adopts the declaration of the local health officer.
139. The executive/legislative body of county/municipality:
 - a. Notifies the State Health Commissioner of declaration;
 - b. Requests the State Health Commissioner to declare a public health emergency;
 - c. Indicates other measures taken to address the epidemic have not worked.
140. Commissioner must approve or deny within 10 days from submission.
 - a. Can request additional information extending the deadline for an additional 10 days

More information on steps local health departments and health care providers can take is found in the CDC Health Advisory at <http://emergency.cdc.gov/han/han00377.asp>.

Spotlight on Jasper, Indiana

	Jasper County	Indiana
Population, 2014	33,475	6,596,855
HIV and HCV		
New HIV cases (rate per 100,000 population), 2014	<5 (*)	515 (8)
Total number of people living with HIV, 2014	18	11,547
Newly reported HCV cases (rate per 100,000 population), 2013+	12 (36)	4,535 (69)
Drug overdoses and deaths		
Annual average number of drug poisoning deaths (total rate per 100,000 population), 2009-2013**	<5 (*)	966 (15)
Drug poisoning deaths per 100,000 population (rate per 100,000 pop), 2013	<5 (*)	1049 (16)
Annual average number of non-fatal emergency room visits due to opioid overdoses (total rate per 100,000 population), 2009-2013**	5 (16)	1820 (28)
Non-fatal emergency room visits due to opioid overdoses (rate per 100,000 population), 2013	<5 (*)	2,157 (33)
STDs		
Chlamydia cases (rate per 100,000 population), 2013	66 (198)	28,023 (432)
Gonorrhea cases (rate per 100,000 population), 2013	<5 (*)	7,144 (110)

*Numbers less than 5, including 0.

**Drug poisoning deaths: underlying cause of death coded on death certificate as drug overdose fatality or "acute drug overdose."

HCV

HCV is spread through contact with blood of an infected person, primarily through sharing contaminated needles or injection drug use equipment (CDC fact sheet). There is no vaccine for HCV. The best way to prevent HCV infection is to never inject drugs or to stop injecting drugs by getting into and staying in a drug treatment program (CDC). People who continue to inject drugs should use new, sterile syringes each time and never reuse or share needles, water, or other drug preparation equipment. The Centers for Disease Control and Prevention (CDC) recommends HCV testing for people who inject drugs, all people living with HIV, and everyone born during 1945-1965.

Substance Abuse

People abuse substances such as drugs, alcohol, and tobacco for varied reasons. Substance abuse can have negative social, physical, mental, and public health impact on individuals, families and communities. In 2013, an estimated 9.4% of people over the age of 12 in the US engaged in illegal drug use.

Key Support Services and Staff

Disease Intervention Specialists conduct partner notification, verify treatment of infected individuals, assist infected individuals in developing risk-reduction plans, and refer for HIV Care Coordination.

HIV Care Coordinators provide an individualized plan of care that includes medical, psychosocial, financial, and other supportive services for free.

ISDH HIV Special Populations Support Program provides intensive support services to individuals diagnosed with HIV disease and chemical dependency. Services are offered throughout the state at 12 sites. For more information, call 317-233-7418.

Substance abuse and treatment services are provided by various providers in the area. For information, contact SAMHSA's National Helpline 1-800-487-4889 for 24-hour free and confidential treatment referral and information.

STD Prevention is HIV Prevention. The ISDH STD Prevention Program has opportunities for local health departments to receive test materials and medications for Chlamydia and gonorrhea. For more information, contact std@isdh.in.gov.

Key Contacts for Jasper County

Disease Investigation area: District 1

Local HIV Care Coordination

Aspire (West)
(765)742-4481

Disease Intervention Specialists

Aquanette Hudson (219)239-2313
Velzie Fuller

HIV & STD Prevention Services

Gary City Health Department

1145 W. 5th Ave, Gary, IN 46402
219-882-5565

Open M-F 8:30 AM to 5PM

STD and HIV testing available

For more information, visit the ISDH HIV/STD website at: <https://secure.in.gov/isdh/17397.htm>

or contact the ISDH Local Health Department Outreach Division at

LHDinfo@isdh.in.gov (please put "County Profile" in subject line) or **317-234-6623**.

Jay County Profile

Background

In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxycodone (brand name Opana) and sharing needles.

What Local Health Departments Can Do

As the local “eyes and ears on the ground,” public health staff are critical to the identification of outbreaks. To do this, the following are important:

- Promptly report new HIV cases to the ISDH Division of HIV/STD/Viral Hepatitis.
- Promptly report new HCV cases to the ISDH Epidemiology Resources Center.
- Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
- Become familiar with local data so any increases are easily identified.
- Know who to contact for assistance and appropriate health services.

This Profile is a tool to become familiar with local data, local resources, and to assist you in the decision-making process for local syringe exchange programs.

Syringe Exchange Programs

Syringe exchange programs provide people who inject drugs with an opportunity to reduce the spread of bloodborne diseases such as HIV and HCV, use sterile syringes, share syringes less often, and safely dispose of used syringes. The programs serve to connect hard-to-reach people who inject drugs with important public health services, including HIV and HCV testing, substance abuse treatment, sexually transmitted disease (STD) screening and treatment, and risk reduction counseling.

Syringe Exchange Law in Indiana (<https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251>)

In May, a new law went into effect to allow local health departments and law enforcement to work together to start a needle exchange program in their counties if the following criteria are met:

141. Local health officer declares to county/municipality:
 - a. There is an epidemic of HCV or HIV;
 - b. The primary mode of transmission of HCV or HIV is injection drug use;
 - c. That a Syringe Exchange Program is medically appropriate as part of the comprehensive public health response.
142. The executive/legislative body of county/municipality:
 - a. Conducts a public hearing and
 - b. Takes official action that adopts the declaration of the local health officer.
143. The executive/legislative body of county/municipality:
 - a. Notifies the State Health Commissioner of declaration;
 - b. Requests the State Health Commissioner to declare a public health emergency;
 - c. Indicates other measures taken to address the epidemic have not worked.
144. Commissioner must approve or deny within 10 days from submission.
 - a. Can request additional information extending the deadline for an additional 10 days

More information on steps local health departments and health care providers can take is found in the CDC Health Advisory at <http://emergency.cdc.gov/han/han00377.asp>.

Spotlight on Jay County, Indiana

	Jay County	Indiana
Population, 2014	21,179	6,596,855
HIV and HCV		
New HIV cases (rate per 100,000 population), 2014	<5 (19)	515 (8)
Total number of people living with HIV, 2014	11	11,547
Newly reported HCV cases (rate per 100,000 population), 2013	29 (136)	4,535 (69)
Drug overdoses and deaths		
Annual average number of drug poisoning deaths (total rate per 100,000 population), 2009-2013**	<5 (*)	966 (15)
Drug poisoning deaths per 100,000 population (rate per 100,000 pop), 2013	7 (33)	1049 (16)
Annual average number of non-fatal emergency room visits due to opioid overdoses (total rate per 100,000 population), 2009-2013**	6 (28)	1820 (28)
Non-fatal emergency room visits due to opioid overdoses (rate per 100,000 population), 2013	8 (38)	2,157 (33)
STDs		
Chlamydia cases (rate per 100,000 population), 2013	68 (319)	28,023 (432)
Gonorrhea cases (rate per 100,000 population), 2013	<5 (*)	7,144 (110)

*Numbers less than 5, including 0.

**Drug poisoning deaths: underlying cause of death coded on death certificate as drug overdose fatality or "acute drug overdose."

HCV

HCV is spread through contact with blood of an infected person, primarily through sharing contaminated needles or injection drug use equipment (CDC fact sheet). There is no vaccine for HCV. The best way to prevent HCV infection is to never inject drugs or to stop injecting drugs by getting into and staying in a drug treatment program (CDC). People who continue to inject drugs should use new, sterile syringes each time and never reuse or share needles, water, or other drug preparation equipment. The Centers for Disease Control and Prevention (CDC) recommends HCV testing for people who inject drugs, all people living with HIV, and everyone born during 1945-1965.

Substance Abuse

People abuse substances such as drugs, alcohol, and tobacco for varied reasons. Substance abuse can have negative social, physical, mental, and public health impact on individuals, families and communities. In 2013, an estimated 9.4% of people over the age of 12 in the US engaged in illegal drug use.

Key Support Services and Staff

Disease Intervention Specialists conduct partner notification, verify treatment of infected individuals, assist infected individuals in developing risk-reduction plans, and refer for HIV Care Coordination.

HIV Care Coordinators provide an individualized plan of care that includes medical, psychosocial, financial, and other supportive services for free.

ISDH HIV Special Populations Support Program provides intensive support services to individuals diagnosed with HIV disease and chemical dependency. Services are offered throughout the state at 12 sites. For more information, call 317-233-7418.

Substance abuse and treatment services are provided by various providers in the area. For information, contact SAMHSA's National Helpline 1-800-487-4889 for 24-hour free and confidential treatment referral and information.

STD Prevention is HIV Prevention. The ISDH STD Prevention Program has opportunities for local health departments to receive test materials and medications for Chlamydia and gonorrhea. For more information, contact std@isdh.in.gov.

Key Contacts for Jay County

Disease Investigation area: District 6

Local HIV Care Coordination

Meridian Health Services
(765)288-1928

Disease Intervention Specialists

Melody Fuqua (765)254-1574
Brandon Todd (765)288-0763

HIV & STD Prevention Services

Open Door Family Planning

905 S. Walnut St, Muncie, IN, 47302
(765)281-4263

Sliding Scale fees available, Patient must be Family Planning patient or willing to become one

For more information, visit the ISDH HIV/STD website at: <https://secure.in.gov/isdh/17397.htm>

or contact the ISDH Local Health Department Outreach Division at

LHDinfo@isdh.in.gov (please put "County Profile" in subject line) or 317-234-6623.

Jefferson County Profile

Background

In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxycodone (brand name Opana) and sharing needles.

What Local Health Departments Can Do

As the local “eyes and ears on the ground,” public health staff are critical to the identification of outbreaks. To do this, the following are important:

- Promptly report new HIV cases to the ISDH Division of HIV/STD/Viral Hepatitis.
- Promptly report new HCV cases to the ISDH Epidemiology Resources Center.
- Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
- Become familiar with local data so any increases are easily identified.
- Know who to contact for assistance and appropriate health services.

This Profile is a tool to become familiar with local data, local resources, and to assist you in the decision-making process for local syringe exchange programs.

Syringe Exchange Programs

Syringe exchange programs provide people who inject drugs with an opportunity to reduce the spread of bloodborne diseases such as HIV and HCV, use sterile syringes, share syringes less often, and safely dispose of used syringes. The programs serve to connect hard-to-reach people who inject drugs with important public health services, including HIV and HCV testing, substance abuse treatment, sexually transmitted disease (STD) screening and treatment, and risk reduction counseling.

Syringe Exchange Law in Indiana (<https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251>)

In May, a new law went into effect to allow local health departments and law enforcement to work together to start a syringe exchange program in their counties if the following criteria are met:

145. Local health officer declares to county/municipality:
 - a. There is an epidemic of HCV or HIV;
 - b. The primary mode of transmission of HCV or HIV is injection drug use;
 - c. That a syringe exchange program is medically appropriate as part of the comprehensive public health response.
146. The executive/legislative body of county/municipality:
 - a. Conducts a public hearing and
 - b. Takes official action that adopts the declaration of the local health officer.
147. The executive/legislative body of county/municipality:
 - a. Notifies the State Health Commissioner of declaration;
 - b. Requests the State Health Commissioner to declare a public health emergency;
 - c. Indicates other measures taken to address the epidemic have not worked.
148. Commissioner must approve or deny within 10 days from submission.
 - a. Can request additional information extending the deadline for an additional 10 days

More information on steps local health departments and health care providers can take is found in the CDC Health Advisory at <http://emergency.cdc.gov/han/han00377.asp>.

Spotlight on Jefferson County, Indiana

	Jefferson County	Indiana
Population, 2014	32,494	6,596,855
HIV and HCV		
New HIV cases (rate per 100,000 population), 2014	<5 (*)	515 (8)
Total number of people living with HIV, 2014	26	11,547
Newly reported HCV cases (rate per 100,000 population), 2013+	24 (74)	4,535 (69)
Drug overdoses and deaths		
Annual average number of drug poisoning deaths (total rate per 100,000 population), 2009-2013**	5 (15)	966 (15)
Drug poisoning deaths per 100,000 population (rate per 100,000 pop), 2013	7 (22)	1049 (16)
Annual average number of non-fatal emergency room visits due to opioid overdoses (total rate per 100,000 population), 2009-2013**	9 (29)	1820 (28)
Non-fatal emergency room visits due to opioid overdoses (rate per 100,000 population), 2013	14 (43)	2,157 (33)
STDs		
Chlamydia cases (rate per 100,000 population), 2013	109 (336)	28,023 (432)
Gonorrhea cases (rate per 100,000 population), 2013	17 (52)	7,144 (110)

*Numbers less than 5, including 0.

**Drug poisoning deaths: underlying cause of death coded on death certificate as drug overdose fatality or "acute drug overdose."

+Includes Department of Correction cases

HCV

HCV is spread through contact with blood of an infected person, primarily through sharing contaminated needles or injection drug use equipment (CDC fact sheet). There is no vaccine for HCV. The best way to prevent HCV infection is to never inject drugs or to stop injecting drugs by getting into and staying in a drug treatment program (CDC). People who continue to inject drugs should use new, sterile syringes each time and never reuse or share needles, water, or other drug preparation equipment. The Centers for Disease Control and Prevention (CDC) recommends HCV testing for people who inject drugs, all people living with HIV, and everyone born during 1945-1965.

Substance Abuse

People abuse substances such as drugs, alcohol, and tobacco for varied reasons. Substance abuse can have negative social, physical, mental, and public health impact on individuals, families and communities. In 2013, an estimated 9.4% of people over the age of 12 in the US engaged in illegal drug use.

Key Support Services and Staff

Disease Intervention Specialists conduct partner notification, verify treatment of infected individuals, assist infected individuals in developing risk-reduction plans, and refer for HIV Care Coordination.

HIV Care Coordinators provide an individualized plan of care that includes medical, psychosocial, financial, and other supportive services for free.

ISDH HIV Special Populations Support Program provides intensive support services to individuals diagnosed with HIV disease and chemical dependency. Services are offered throughout the state at 12 sites. For more information, call 317-233-7418.

Substance abuse and treatment services are provided by various providers in the area. For information, contact SAMHSA's National Helpline 1-800-487-4889 for 24-hour free and confidential treatment referral and information.

STD Prevention is HIV Prevention. The ISDH STD Prevention Program has opportunities for local health departments to receive test materials and medications for Chlamydia and gonorrhea. For more information, contact std@isdh.in.gov.

Key Contacts for Jefferson County

Disease Investigation area: District 9

Local HIV Care Coordination

Clark County Health Department
(800)828-5624

Disease Intervention Specialists

Dorothy Waterhouse (812)288-2706
Jesse Shields (812)283-2738

HIV & STD Prevention Services

Clark County Health Department

1301 Akers Ave, Jeffersonville, IN 47130
M-F 9AM-5PM, (812)288-2706

Free HIV testing M-F by appointment only
STD testing on Tuesday afternoons, \$20.00 fee

For more information, visit the ISDH HIV/STD website at: <https://secure.in.gov/isdh/17397.htm>

or contact the ISDH Local Health Department Outreach Division at

LHDinfo@isdh.in.gov (please put "County Profile" in subject line) or 317-234-6623.

Jennings County Profile

Background

In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxycodone (brand name Opana) and sharing needles.

What Local Health Departments Can Do

As the local “eyes and ears on the ground,” public health staff are critical to the identification of outbreaks. To do this, the following are important:

- Promptly report new HIV cases to the ISDH Division of HIV/STD/Viral Hepatitis.
- Promptly report new HCV cases to the ISDH Epidemiology Resources Center.
- Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
- Become familiar with local data so any increases are easily identified.
- Know who to contact for assistance and appropriate health services.

This Profile is a tool to become familiar with local data, local resources, and to assist you in the decision-making process for local syringe exchange programs.

Syringe Exchange Programs

Syringe exchange programs provide people who inject drugs with an opportunity to reduce the spread of bloodborne diseases such as HIV and HCV, use sterile syringes, share syringes less often, and safely dispose of used syringes. The programs serve to connect hard-to-reach people who inject drugs with important public health services, including HIV and HCV testing, substance abuse treatment, sexually transmitted disease (STD) screening and treatment, and risk reduction counseling.

Syringe Exchange Law in Indiana (<https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251>)

In May, a new law went into effect to allow local health departments and law enforcement to work together to start a syringe exchange program in their counties if the following criteria are met:

149. Local health officer declares to county/municipality:
 - a. There is an epidemic of HCV or HIV;
 - b. The primary mode of transmission of HCV or HIV is injection drug use;
 - c. That a syringe exchange program is medically appropriate as part of the comprehensive public health response.
150. The executive/legislative body of county/municipality:
 - a. Conducts a public hearing and
 - b. Takes official action that adopts the declaration of the local health officer.
151. The executive/legislative body of county/municipality:
 - a. Notifies the State Health Commissioner of declaration;
 - b. Requests the State Health Commissioner to declare a public health emergency;
 - c. Indicates other measures taken to address the epidemic have not worked.
152. Commissioner must approve or deny within 10 days from submission.
 - a. Can request additional information extending the deadline for an additional 10 days

More information on steps local health departments and health care providers can take is found in the CDC Health Advisory at <http://emergency.cdc.gov/han/han00377.asp>.

Spotlight on Jennings County, Indiana

	Jennings County	Indiana
Population, 2014	28,000	6,596,855
HIV and HCV		
New HIV cases (rate per 100,000 population), 2014	<5 *	515 (8)
Total number of people living with HIV, 2014	26	11,547
Newly reported HCV cases (rate per 100,000 population), 2013	24 (89)	4,535 (69)
Drug overdoses and deaths		
Annual average number of drug poisoning deaths (total rate per 100,000 population), 2009-2013**	7 (7)	966 (15)
Drug poisoning deaths per 100,000 population (rate per 100,000 pop), 2013	<5 *	1049 (16)
Annual average number of non-fatal emergency room visits due to opioid overdoses (total rate per 100,000 population), 2009-2013**	14 (51)	1820 (28)
Non-fatal emergency room visits due to opioid overdoses (rate per 100,000 population), 2013	13 (46)	2,157 (33)
STDs		
Chlamydia cases (rate per 100,000 population), 2013	79 (280)	28,023 (432)
Gonorrhea cases (rate per 100,000 population), 2013	<5 *	7,144 (110)

*Numbers less than 5, including 0.

**Drug poisoning deaths: underlying cause of death coded on death certificate as drug overdose fatality or "acute drug overdose."

HCV

HCV is spread through contact with blood of an infected person, primarily through sharing contaminated needles or injection drug use equipment (CDC fact sheet). There is no vaccine for HCV. The best way to prevent HCV infection is to never inject drugs or to stop injecting drugs by getting into and staying in a drug treatment program (CDC). People who continue to inject drugs should use new, sterile syringes each time and never reuse or share needles, water, or other drug preparation equipment. The Centers for Disease Control and Prevention (CDC) recommends HCV testing for people who inject drugs, all people living with HIV, and everyone born during 1945-1965.

Substance Abuse

People abuse substances such as drugs, alcohol, and tobacco for varied reasons. Substance abuse can have negative social, physical, mental, and public health impact on individuals, families and communities. In 2013, an estimated 9.4% of people over the age of 12 in the US engaged in illegal drug use.

Key Support Services and Staff

Disease Intervention Specialists conduct partner notification, verify treatment of infected individuals, assist infected individuals in developing risk-reduction plans, and refer for HIV Care Coordination.

HIV Care Coordinators provide an individualized plan of care that includes medical, psychosocial, financial, and other supportive services for free.

ISDH HIV Special Populations Support Program provides intensive support services to individuals diagnosed with HIV disease and chemical dependency. Services are offered throughout the state at 12 sites. For more information, call 317-233-7418.

Substance abuse and treatment services are provided by various providers in the area. For information, contact SAMHSA's National Helpline 1-800-487-4889 for 24-hour free and confidential treatment referral and information.

STD Prevention is HIV Prevention. The ISDH STD Prevention Program has opportunities for local health departments to receive test materials and medications for Chlamydia and gonorrhea. For more information, contact std@isdh.in.gov.

Key Contacts for Jennings County

Disease Investigation area: District 9

Local HIV Care Coordination

Clark County Health Department
(800)828-5624

Disease Intervention Specialists

Dorothy Waterhouse (812)288-2706
Jesse Shields (812)283-2738

HIV & STD Prevention Services

Clark County Health Department

1301 Akers Ave, Jeffersonville, IN 47130
M-F 9AM-5PM, (812)288-2706

Free HIV testing M-F by appointment only
STD testing on Tuesday afternoons, \$20.00 fee

For more information, visit the ISDH HIV/STD website at: <https://secure.in.gov/isdh/17397.htm>

or contact the ISDH Local Health Department Outreach Division at

LHDinfo@isdh.in.gov (please put "County Profile" in subject line) or **317-234-6623**.

Johnson County Profile

Background

In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxycodone (brand name Opana) and sharing needles.

What Local Health Departments Can Do

As the local “eyes and ears on the ground,” public health staff are critical to the identification of outbreaks. To do this, the following are important:

- Promptly report new HIV cases to the ISDH Division of HIV/STD/Viral Hepatitis.
- Promptly report new HCV cases to the ISDH Epidemiology Resources Center.
- Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
- Become familiar with local data so any increases are easily identified.
- Know who to contact for assistance and appropriate health services.

This Profile is a tool to become familiar with local data, local resources, and to assist you in the decision-making process for local syringe exchange programs.

Syringe Exchange Programs

Syringe exchange programs provide people who inject drugs with an opportunity to reduce the spread of bloodborne diseases such as HIV and HCV, use sterile syringes, share syringes less often, and safely dispose of used syringes. The programs serve to connect hard-to-reach people who inject drugs with important public health services, including HIV and HCV testing, substance abuse treatment, sexually transmitted disease (STD) screening and treatment, and risk reduction counseling.

Syringe Exchange Law in Indiana (<https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251>)

In May, a new law went into effect to allow local health departments and law enforcement to work together to start a syringe exchange program in their counties if the following criteria are met:

153. Local health officer declares to county/municipality:
 - a. There is an epidemic of HCV or HIV;
 - b. The primary mode of transmission of HCV or HIV is injection drug use;
 - c. That a syringe exchange program is medically appropriate as part of the comprehensive public health response.
154. The executive/legislative body of county/municipality:
 - a. Conducts a public hearing and
 - b. Takes official action that adopts the declaration of the local health officer.
155. The executive/legislative body of county/municipality:
 - a. Notifies the State Health Commissioner of declaration;
 - b. Requests the State Health Commissioner to declare a public health emergency;
 - c. Indicates other measures taken to address the epidemic have not worked.
156. Commissioner must approve or deny within 10 days from submission.
 - a. Can request additional information extending the deadline for an additional 10 days

More information on steps local health departments and health care providers can take is found in the CDC Health Advisory at <http://emergency.cdc.gov/han/han00377.asp>.

Spotlight on Johnson County, Indiana

	Johnson County	Indiana
Population, 2014	147,538	6,596,855
HIV and HCV		
New HIV cases (rate per 100,000 population), 2014	5 (3)	515 (8)
Total number of people living with HIV, 2014	137	11,547
Newly reported HCV cases (rate per 100,000 population), 2013+	44 (30)	4,535 (69)
Drug overdoses and deaths		
Annual average number of drug poisoning deaths (total rate per 100,000 population), 2009-2013**	20 (14)	966 (15)
Drug poisoning deaths per 100,000 population (rate per 100,000 pop), 2013	25 (17)	1049 (16)
Annual average number of non-fatal emergency room visits due to opioid overdoses (total rate per 100,000 population), 2009-2013**	43 (30)	1820 (28)
Non-fatal emergency room visits due to opioid overdoses (rate per 100,000 population), 2013	49 (34)	2,157 (33)
STDs		
Chlamydia cases (rate per 100,000 population), 2013	460 (316)	28,023 (432)
Gonorrhea cases (rate per 100,000 population), 2013	61 (42)	7,144 (110)

*Numbers less than 5, including 0.

**Drug poisoning deaths: underlying cause of death coded on death certificate as drug overdose fatality or "acute drug overdose."

+Includes Department of corrections cases.

HCV

HCV is spread through contact with blood of an infected person, primarily through sharing contaminated needles or injection drug use equipment (CDC fact sheet). There is no vaccine for HCV. The best way to prevent HCV infection is to never inject drugs or to stop injecting drugs by getting into and staying in a drug treatment program (CDC). People who continue to inject drugs should use new, sterile syringes each time and never reuse or share needles, water, or other drug preparation equipment. The Centers for Disease Control and Prevention (CDC) recommends HCV testing for people who inject

Substance Abuse

People abuse substances such as drugs, alcohol, and tobacco for varied reasons. Substance abuse can have negative social, physical, mental, and public health impact on individuals, families and communities. In 2013, an estimated 9.4% of people over the age of 12 in the US engaged in illegal drug use.

Key Support Services and Staff

Disease Intervention Specialists conduct partner notification, verify treatment of infected individuals, assist infected individuals in developing risk-reduction plans, and refer for HIV Care Coordination.

HIV Care Coordinators provide an individualized plan of care that includes medical, psychosocial, financial, and other supportive services for free.

ISDH HIV Special Populations Support Program provides intensive support services to individuals diagnosed with HIV disease and chemical dependency. Services are offered throughout the state at 12 sites. For more information, call 317-233-7418.

Substance abuse and treatment services are provided by various providers in the area. For information, contact SAMHSA's National Helpline 1-800-487-4889 for 24-hour free and confidential treatment referral and information.

STD Prevention is HIV Prevention. The ISDH STD Prevention Program has opportunities for local health departments to receive test materials and medications for Chlamydia and gonorrhea. For more information, contact std@isdh.in.gov.

Key Contacts for Johnson County Disease Investigation area: District 5

Local HIV Care Coordination

Eskenazi Health (317)880-3503
Damien Center (800)213-1163
Concord Center (317)637-4376
Lifecare (317)962-2700
Step Up (317)259-7013 x16

Disease Intervention Specialists

Kari Haecker (317)221-8315
Lavida Joseph-Brown (317)221-8302
William Blakely, Bo Dawson, Ebony Gray,
Ervin Gainer, Mackenzie Szymanski, Julia
Lay, Ricky Ward, & Nate Nash

HIV & STD Prevention Services

Marion County Health Department Bell Flower Clinic

640 Eskenazi Ave., 5/3rd Bank Building, First Floor,
Indianapolis, IN 46202
(317)221-8300 appointment line, call for schedule
Tests for HIV and STDS, \$10.00 service fee.

For more information, visit the ISDH HIV/STD website at: <https://secure.in.gov/isdh/17397.htm>
or contact the ISDH Local Health Department Outreach Division at
LHDinfo@isdh.in.gov (please put "County Profile" in subject line) or 317-234-6623.

Knox County Profile

Background

In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxycodone (brand name Opana) and sharing needles.

What Local Health Departments Can Do

As the local “eyes and ears on the ground,” public health staff are critical to the identification of outbreaks. To do this, the following are important:

- Promptly report new HIV cases to the ISDH Division of HIV/STD/Viral Hepatitis.
- Promptly report new HCV cases to the ISDH Epidemiology Resources Center.
- Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
- Become familiar with local data so any increases are easily identified.
- Know who to contact for assistance and appropriate health services.

This Profile is a tool to become familiar with local data, local resources, and to assist you in the decision-making process for local syringe exchange programs.

Syringe Exchange Programs

Syringe exchange programs provide people who inject drugs with an opportunity to reduce the spread of bloodborne diseases such as HIV and HCV, use sterile syringes, share syringes less often, and safely dispose of used syringes. The programs serve to connect hard-to-reach people who inject drugs with important public health services, including HIV and HCV testing, substance abuse treatment, sexually transmitted disease (STD) screening and treatment, and risk reduction counseling.

Syringe Exchange Law in Indiana (<https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251>)

In May, a new law went into effect to allow local health departments and law enforcement to work together to start a syringe exchange program in their counties if the following criteria are met:

157. Local health officer declares to county/municipality:
 - a. There is an epidemic of HCV or HIV;
 - b. The primary mode of transmission of HCV or HIV is injection drug use;
 - c. That a syringe exchange program is medically appropriate as part of the comprehensive public health response.
158. The executive/legislative body of county/municipality:
 - a. Conducts a public hearing and
 - b. Takes official action that adopts the declaration of the local health officer.
159. The executive/legislative body of county/municipality:
 - a. Notifies the State Health Commissioner of declaration;
 - b. Requests the State Health Commissioner to declare a public health emergency;
 - c. Indicates other measures taken to address the epidemic have not worked.
160. Commissioner must approve or deny within 10 days from submission.
 - a. Can request additional information extending the deadline for an additional 10 days

More information on steps local health departments and health care providers can take is found in the CDC Health Advisory at <http://emergency.cdc.gov/han/han00377.asp>.

Spotlight on Knox County, Indiana

	Knox County	Indiana
Population, 2014	37,938	6,596,855
HIV and HCV		
New HIV cases (rate per 100,000 population), 2014	<5 (*)	515 (8)
Total number of people living with HIV, 2014	27	11,547
Newly reported HCV cases (rate per 100,000 population), 2013	13 (34)	4,535 (69)
Drug overdoses and deaths		
Annual average number of drug poisoning deaths (total rate per 100,000 population), 2009-2013*	<5 (*)	966 (15)
Drug poisoning deaths per 100,000 population (rate per 100,000 pop), 2013	<5 (*)	1049 (16)
Annual average number of non-fatal emergency room visits due to opioid overdoses (total rate per 100,000 population), 2009-2013*	5 (3)	1820 (28)
Non-fatal emergency room visits due to opioid overdoses (rate per 100,000 population), 2013	6 (16)	2,157 (33)
STDs		
Chlamydia cases (rate per 100,000 population), 2013	147 (387)	28,023 (432)
Gonorrhea cases (rate per 100,000 population), 2013	24 (63)	7,144 (110)

*Numbers less than 5, including 0.

**Drug poisoning deaths: underlying cause of death coded on death certificate as drug overdose fatality or "acute drug overdose."

HCV

HCV is spread through contact with blood of an infected person, primarily through sharing contaminated needles or injection drug use equipment (CDC fact sheet). There is no vaccine for HCV. The best way to prevent HCV infection is to never inject drugs or to stop injecting drugs by getting into and staying in a drug treatment program (CDC). People who continue to inject drugs should use new, sterile syringes each time and never reuse or share needles, water, or other drug preparation equipment. The Centers for Disease Control and Prevention (CDC) recommends HCV testing for people who inject drugs, all people living with HIV, and everyone born during 1945-1965.

Substance Abuse

People abuse substances such as drugs, alcohol, and tobacco for varied reasons. Substance abuse can have negative social, physical, mental, and public health impact on individuals, families and communities. In 2013, an estimated 9.4% of people over the age of 12 in the US engaged in illegal drug use.

Key Support Services and Staff

Disease Intervention Specialists conduct partner notification, verify treatment of infected individuals, assist infected individuals in developing risk-reduction plans, and refer for HIV Care Coordination.

HIV Care Coordinators provide an individualized plan of care that includes medical, psychosocial, financial, and other supportive services for free.

ISDH HIV Special Populations Support Program provides intensive support services to individuals diagnosed with HIV disease and chemical dependency. Services are offered throughout the state at 12 sites. For more information, call 317-233-7418.

Substance abuse and treatment services are provided by various providers in the area. For information, contact SAMHSA's National Helpline 1-800-487-4889 for 24-hour free and confidential treatment referral and information.

STD Prevention is HIV Prevention. The ISDH STD Prevention Program has opportunities for local health departments to receive test materials and medications for Chlamydia and gonorrhea. For more information, contact std@isdh.in.gov.

Key Contacts for Knox County

Disease Investigation area: District 8

Local HIV Care Coordination

AIDS Resource Group of Evansville
(800)423-6255

Disease Intervention Specialists

Wallace Corbitt, 812-435-5683
Wallace Paynter
Ashlee Stone Neighbors

HIV & STD Prevention Services

Pace Health Connection

715 Wabash Ave, Vincennes, IN, 47591
(812)882-6069

Sliding Scale based on income, Family Planning Services, STD & HIV testing available

For more information, visit the ISDH HIV/STD website at: <https://secure.in.gov/isdh/17397.htm>

or contact the ISDH Local Health Department Outreach Division at

LHDinfo@isdh.in.gov (please put "County Profile" in subject line) or **317-234-6623**.

Kosciusko County Profile

Background

In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxymorphone (brand name Opana) and sharing needles.

What Local Health Departments Can Do

As the local “eyes and ears on the ground,” public health staff are critical to the identification of outbreaks. To do this, the following are important:

- Promptly report new HIV cases to the ISDH Division of HIV/STD/Viral Hepatitis.
- Promptly report new HCV cases to the ISDH Epidemiology Resources Center.
- Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
- Become familiar with local data so any increases are easily identified.
- Know who to contact for assistance and appropriate health services.

This Profile is a tool to become familiar with local data, local resources, and to assist you in the decision-making process for local syringe exchange programs.

Syringe Exchange Programs

Syringe exchange programs provide people who inject drugs with an opportunity to reduce the spread of bloodborne diseases such as HIV and HCV, use sterile syringes, share syringes less often, and safely dispose of used syringes. The programs serve to connect hard-to-reach people who inject drugs with important public health services, including HIV and HCV testing, substance abuse treatment, sexually transmitted disease (STD) screening and treatment, and risk reduction counseling.

Syringe Exchange Law in Indiana (<https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251>)

In May, a new law went into effect to allow local health departments and law enforcement to work together to start a syringe exchange program in their counties if the following criteria are met:

161. Local health officer declares to county/municipality:
 - a. There is an epidemic of HCV or HIV;
 - b. The primary mode of transmission of HCV or HIV is injection drug use;
 - c. That a syringe exchange program is medically appropriate as part of the comprehensive public health response.
162. The executive/legislative body of county/municipality:
 - a. Conducts a public hearing and
 - b. Takes official action that adopts the declaration of the local health officer.
163. The executive/legislative body of county/municipality:
 - a. Notifies the State Health Commissioner of declaration;
 - b. Requests the State Health Commissioner to declare a public health emergency;
 - c. Indicates other measures taken to address the epidemic have not worked.
164. Commissioner must approve or deny within 10 days from submission.
 - a. Can request additional information extending the deadline for an additional 10 days

More information on steps local health departments and health care providers can take is found in the CDC Health Advisory at <http://emergency.cdc.gov/han/han00377.asp>.

Spotlight on Kosciusko County, Indiana

	Kosciusko County	Indiana
Population, 2014	78,564	6,596,855
HIV and HCV		
New HIV cases (rate per 100,000 population), 2014	<5 (*)	515 (8)
Total number of people living with HIV, 2014	34	11,547
Newly reported HCV cases (rate per 100,000 population), 2013	25 (32)	4,535 (69)
Drug overdoses and deaths		
Annual average number of drug poisoning deaths (total rate per 100,000 population), 2009-2013**	7 (9)	966 (15)
Drug poisoning deaths per 100,000 population (rate per 100,000 pop), 2013	<5 (*)	1049 (16)
Annual average number of non-fatal emergency room visits due to opioid overdoses (total rate per 100,000 population), 2009-2013**	17 (22)	1820 (28)
Non-fatal emergency room visits due to opioid overdoses (rate per 100,000 population), 2013	24 (31)	2,157 (33)
STDs		
Chlamydia cases (rate per 100,000 population), 2013	162 (208)	28,023 (432)
Gonorrhea cases (rate per 100,000 population), 2013	37 (48)	7,144 (110)

*Numbers less than 5, including 0.

**Drug poisoning deaths: underlying cause of death coded on death certificate as drug overdose fatality or "acute drug overdose."

HCV

HCV is spread through contact with blood of an infected person, primarily through sharing contaminated needles or injection drug use equipment (CDC fact sheet). There is no vaccine for HCV. The best way to prevent HCV infection is to never inject drugs or to stop injecting drugs by getting into and staying in a drug treatment program (CDC). People who continue to inject drugs should use new, sterile syringes each time and never reuse or share needles, water, or other drug preparation equipment. The Centers for Disease Control and Prevention (CDC) recommends HCV testing for people who inject drugs, all people living with HIV, and everyone born during 1945-1965.

Substance Abuse

People abuse substances such as drugs, alcohol, and tobacco for varied reasons. Substance abuse can have negative social, physical, mental, and public health impact on individuals, families and communities. In 2013, an estimated 9.4% of people over the age of 12 in the US engaged in illegal drug use.

Key Support Services and Staff

Disease Intervention Specialists conduct partner notification, verify treatment of infected individuals, assist infected individuals in developing risk-reduction plans, and refer for HIV Care Coordination.

HIV Care Coordinators provide an individualized plan of care that includes medical, psychosocial, financial, and other supportive services for free.

ISDH HIV Special Populations Support Program provides intensive support services to individuals diagnosed with HIV disease and chemical dependency. Services are offered throughout the state at 12 sites. For more information, call 317-233-7418.

Substance abuse and treatment services are provided by various providers in the area. For information, contact SAMHSA's National Helpline 1-800-487-4889 for 24-hour free and confidential treatment referral and information.

STD Prevention is HIV Prevention. The ISDH STD Prevention Program has opportunities for local health departments to receive test materials and medications for Chlamydia and gonorrhea. For more information, contact std@isdh.in.gov.

Key Contacts for Kosciusko County

Disease Investigation area: District 2

Local HIV Care Coordination

AIDS Task Force/Positive Resource Center (260)744-1144

Disease Intervention Specialists

Melissa Murawski (574)282-3230 x112
Lawrie Covey

HIV & STD Prevention Services

Warsaw Family Health Center

2307 E. Center St. Suite A, Warsaw, IN 46530
(574)306-2298

*Must be a family planning patient or willing to become one
Sliding Scale fees, Accepts Medicaid and Insurance*

For more information, visit the ISDH HIV/STD website at: <https://secure.in.gov/isdh/17397.htm>

or contact the ISDH Local Health Department Outreach Division at

LHDinfo@isdh.in.gov (please put "County Profile" in subject line) or **317-234-6623**.

LaGrange County Profile

Background

In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxycodone (brand name Opana) and sharing needles.

What Local Health Departments Can Do

As the local “eyes and ears on the ground,” public health staff are critical to the identification of outbreaks. To do this, the following are important:

- Promptly report new HIV cases to the ISDH Division of HIV/STD/Viral Hepatitis.
- Promptly report new HCV cases to the ISDH Epidemiology Resources Center.
- Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
- Become familiar with local data so any increases are easily identified.
- Know who to contact for assistance and appropriate health services.

This Profile is a tool to become familiar with local data, local resources, and to assist you in the decision-making process for local syringe exchange programs.

Syringe Exchange Programs

Syringe exchange programs provide people who inject drugs with an opportunity to reduce the spread of bloodborne diseases such as HIV and HCV, use sterile syringes, share syringes less often, and safely dispose of used syringes. The programs serve to connect hard-to-reach people who inject drugs with important public health services, including HIV and HCV testing, substance abuse treatment, sexually transmitted disease (STD) screening and treatment, and risk reduction counseling.

Syringe Exchange Law in Indiana (<https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251>)

In May, a new law went into effect to allow local health departments and law enforcement to work together to start a syringe exchange program in their counties if the following criteria are met:

165. Local health officer declares to county/municipality:
 - a. There is an epidemic of HCV or HIV;
 - b. The primary mode of transmission of HCV or HIV is injection drug use;
 - c. That a syringe exchange program is medically appropriate as part of the comprehensive public health response.
166. The executive/legislative body of county/municipality:
 - a. Conducts a public hearing and
 - b. Takes official action that adopts the declaration of the local health officer.
167. The executive/legislative body of county/municipality:
 - a. Notifies the State Health Commissioner of declaration;
 - b. Requests the State Health Commissioner to declare a public health emergency;
 - c. Indicates other measures taken to address the epidemic have not worked.
168. Commissioner must approve or deny within 10 days from submission.
 - a. Can request additional information extending the deadline for an additional 10 days

More information on steps local health departments and health care providers can take is found in the CDC Health Advisory at <http://emergency.cdc.gov/han/han00377.asp>.

Spotlight on LaGrange County, Indiana

	LaGrange County	Indiana
Population, 2014	38,436	6,596,855
HIV and HCV		
New HIV cases (rate per 100,000 population), 2014	<5 (*)	515 (8)
Total number of people living with HIV, 2014	15	11,547
Newly reported HCV cases (rate per 100,000 population), 2013	<5 (*)	4,535 (69)
Drug overdoses and deaths		
Annual average number of drug poisoning deaths (total rate per 100,000 population), 2009-2013**	<5 (*)	966 (15)
Drug poisoning deaths per 100,000 population (rate per 100,000 pop), 2013	<5 (11)	1049 (16)
Annual average number of non-fatal emergency room visits due to opioid overdoses (total rate per 100,000 population), 2009-2013**	<5 (*)	1820 (28)
Non-fatal emergency room visits due to opioid overdoses (rate per 100,000 population), 2013	6 (16)	2,157 (33)
STDs		
Chlamydia cases (rate per 100,000 population), 2013	28 (74)	28,023 (432)
Gonorrhea cases (rate per 100,000 population), 2013	7 (18)	7,144 (110)

*Numbers less than 5, including 0.

**Drug poisoning deaths: underlying cause of death coded on death certificate as drug overdose fatality or "acute drug overdose."

HCV

HCV is spread through contact with blood of an infected person, primarily through sharing contaminated needles or injection drug use equipment (CDC fact sheet). There is no vaccine for HCV. The best way to prevent HCV infection is to never inject drugs or to stop injecting drugs by getting into and staying in a drug treatment program (CDC). People who continue to inject drugs should use new, sterile syringes each time and never reuse or share needles, water, or other drug preparation equipment. The Centers for Disease Control and Prevention (CDC) recommends HCV testing for people who inject drugs, all people living with HIV, and everyone born during 1945-1965.

Substance Abuse

People abuse substances such as drugs, alcohol, and tobacco for varied reasons. Substance abuse can have negative social, physical, mental, and public health impact on individuals, families and communities. In 2013, an estimated 9.4% of people over the age of 12 in the US engaged in illegal drug use.

Key Support Services and Staff

Disease Intervention Specialists conduct partner notification, verify treatment of infected individuals, assist infected individuals in developing risk-reduction plans, and refer for HIV Care Coordination.

HIV Care Coordinators provide an individualized plan of care that includes medical, psychosocial, financial, and other supportive services for free.

ISDH HIV Special Populations Support Program provides intensive support services to individuals diagnosed with HIV disease and chemical dependency. Services are offered throughout the state at 12 sites. For more information, call 317-233-7418.

Substance abuse and treatment services are provided by various providers in the area. For information, contact SAMHSA's National Helpline 1-800-487-4889 for 24-hour free and confidential treatment referral and information.

STD Prevention is HIV Prevention. The ISDH STD Prevention Program has opportunities for local health departments to receive test materials and medications for Chlamydia and gonorrhea. For more information, contact std@isdh.in.gov.

Key Contacts for LaGrange County

Disease Investigation area: District 2

Local HIV Care Coordination

AIDS Task Force/Positive Resource Center
(260)744-1144

Disease Intervention Specialists

Melissa Murawski (574)282-3230 x112
Lawrie Covey

HIV & STD Prevention Services

Ft. Wayne-Allen County Department of Health Medical Annex building

4813 New Haven Ave, Ft. Wayne 46803
260-449-7504

Full Service STD Clinic with HIV testing, Immunizations,
Infectious Disease Clinic, travel clinic.

Minimal fees apply, info on website:

www.allencountyhealth.com

For more information, visit the ISDH HIV/STD website at: <https://secure.in.gov/isdh/17397.htm>

or contact the ISDH Local Health Department Outreach Division at

LHDinfo@isdh.in.gov (please put "County Profile" in subject line) or 317-234-6623.

Lake County Profile

Background

In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxycodone (brand name Opana) and sharing needles.

What Local Health Departments Can Do

As the local “eyes and ears on the ground,” public health staff are critical to the identification of outbreaks. To do this, the following are important:

- Promptly report new HIV cases to the ISDH Division of HIV/STD/Viral Hepatitis.
- Promptly report new HCV cases to the ISDH Epidemiology Resources Center.
- Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
- Become familiar with local data so any increases are easily identified.
- Know who to contact for assistance and appropriate health services.

This Profile is a tool to become familiar with local data, local resources, and to assist you in the decision-making process for local syringe exchange programs.

Syringe Exchange Programs

Syringe exchange programs provide people who inject drugs with an opportunity to reduce the spread of bloodborne diseases such as HIV and HCV, use sterile syringes, share syringes less often, and safely dispose of used syringes. The programs serve to connect hard-to-reach people who inject drugs with important public health services, including HIV and HCV testing, substance abuse treatment, sexually transmitted disease (STD) screening and treatment, and risk reduction counseling.

Syringe Exchange Law in Indiana (<https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251>)

In May, a new law went into effect to allow local health departments and law enforcement to work together to start a syringe exchange program in their counties if the following criteria are met:

169. Local health officer declares to county/municipality:
 - a. There is an epidemic of HCV or HIV;
 - b. The primary mode of transmission of HCV or HIV is injection drug use;
 - c. That a syringe exchange program is medically appropriate as part of the comprehensive public health response.
170. The executive/legislative body of county/municipality:
 - a. Conducts a public hearing and
 - b. Takes official action that adopts the declaration of the local health officer.
171. The executive/legislative body of county/municipality:
 - a. Notifies the State Health Commissioner of declaration;
 - b. Requests the State Health Commissioner to declare a public health emergency;
 - c. Indicates other measures taken to address the epidemic have not worked.
172. Commissioner must approve or deny within 10 days from submission.
 - a. Can request additional information extending the deadline for an additional 10 days

More information on steps local health departments and health care providers can take is found in the CDC Health Advisory at <http://emergency.cdc.gov/han/han00377.asp>.

Spotlight on Lake County, Indiana

	Lake County	Indiana
Population, 2014	490,228	6,596,855
HIV and HCV		
New HIV cases (rate per 100,000 population), 2014	65 (13)	515 (8)
Total number of people living with HIV, 2014	1,185	11,547
Newly reported HCV cases (rate per 100,000 population), 2013	253 (52)	4,535 (69)
Drug overdoses and deaths		
Annual average number of drug poisoning deaths (total rate per 100,000 population), 2009-2013**	30 (6)	966 (15)
Drug poisoning deaths per 100,000 population (rate per 100,000 pop), 2013	49 (10)	1049 (16)
Annual average number of non-fatal emergency room visits due to opioid overdoses (total rate per 100,000 population), 2009-2013**	120 (24)	1820 (28)
Non-fatal emergency room visits due to opioid overdoses (rate per 100,000 population), 2013	151 (31)	2,157 (33)
STDs		
Chlamydia cases (rate per 100,000 population), 2013	2,465 (501)	28,023 (432)
Gonorrhea cases (rate per 100,000 population), 2013	625 (127)	7,144 (110)

*Numbers less than 5, including 0.

**Drug poisoning deaths: underlying cause of death coded on death certificate as drug overdose fatality or "acute drug overdose."

HCV

HCV is spread through contact with blood of an infected person, primarily through sharing contaminated needles or injection drug use equipment (CDC fact sheet). There is no vaccine for HCV. The best way to prevent HCV infection is to never inject drugs or to stop injecting drugs by getting into and staying in a drug treatment program (CDC). People who continue to inject drugs should use new, sterile syringes each time and never reuse or share needles, water, or other drug preparation equipment. The Centers for Disease Control and Prevention (CDC) recommends HCV testing for people who inject drugs, all people living with HIV, and everyone born during 1945-1965.

Substance Abuse

People abuse substances such as drugs, alcohol, and tobacco for varied reasons. Substance abuse can have negative social, physical, mental, and public health impact on individuals, families and communities. In 2013, an estimated 9.4% of people over the age of 12 in the US engaged in illegal drug use.

Key Support Services and Staff

Disease Intervention Specialists conduct partner notification, verify treatment of infected individuals, assist infected individuals in developing risk-reduction plans, and refer for HIV Care Coordination.

HIV Care Coordinators provide an individualized plan of care that includes medical, psychosocial, financial, and other supportive services for free.

ISDH HIV Special Populations Support Program provides intensive support services to individuals diagnosed with HIV disease and chemical dependency. Services are offered throughout the state at 12 sites. For more information, call 317-233-7418.

Substance abuse and treatment services are provided by various providers in the area. For information, contact SAMHSA's National Helpline 1-800-487-4889 for 24-hour free and confidential treatment referral and information.

STD Prevention is HIV Prevention. The ISDH STD Prevention Program has opportunities for local health departments to receive test materials and medications for Chlamydia and gonorrhea. For more information, contact std@isdh.in.gov.

Key Contacts for Lake County

Disease Investigation area: District 1

Local HIV Care Coordination

Aliveness Project of Northwest Indiana (800)293-7312

Disease Intervention Specialists

Aquanette Hudson (219)239-2313
Velzie Fuller

HIV & STD Prevention Services

Gary City Health Department

1145 W. 5th Ave, Gary, IN 46402
219-882-5565

Open M-F 8:30 AM to 5PM
STD and HIV testing available

For more information, visit the ISDH HIV/STD website at: <https://secure.in.gov/isdh/17397.htm>

or contact the ISDH Local Health Department Outreach Division at

LHDinfo@isdh.in.gov (please put "County Profile" in subject line) or **317-234-6623**.

LaPorte County Profile

Background

In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxycodone (brand name Opana) and sharing needles.

What Local Health Departments Can Do

As the local “eyes and ears on the ground,” public health staff are critical to the identification of outbreaks. To do this, the following are important:

- Promptly report new HIV cases to the ISDH Division of HIV/STD/Viral Hepatitis.
- Promptly report new HCV cases to the ISDH Epidemiology Resources Center.
- Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
- Become familiar with local data so any increases are easily identified.
- Know who to contact for assistance and appropriate health services.

This Profile is a tool to become familiar with local data, local resources, and to assist you in the decision-making process for local syringe exchange programs.

Syringe Exchange Programs

Syringe exchange programs provide people who inject drugs with an opportunity to reduce the spread of bloodborne diseases such as HIV and HCV, use sterile syringes, share syringes less often, and safely dispose of used syringes. The programs serve to connect hard-to-reach people who inject drugs with important public health services, including HIV and HCV testing, substance abuse treatment, sexually transmitted disease (STD) screening and treatment, and risk reduction counseling.

Syringe Exchange Law in Indiana (<https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251>)

In May, a new law went into effect to allow local health departments and law enforcement to work together to start a syringe exchange program in their counties if the following criteria are met:

173. Local health officer declares to county/municipality:
 - a. There is an epidemic of HCV or HIV;
 - b. The primary mode of transmission of HCV or HIV is injection drug use;
 - c. That a syringe exchange program is medically appropriate as part of the comprehensive public health response.
174. The executive/legislative body of county/municipality:
 - a. Conducts a public hearing and
 - b. Takes official action that adopts the declaration of the local health officer.
175. The executive/legislative body of county/municipality:
 - a. Notifies the State Health Commissioner of declaration;
 - b. Requests the State Health Commissioner to declare a public health emergency;
 - c. Indicates other measures taken to address the epidemic have not worked.
176. Commissioner must approve or deny within 10 days from submission.
 - a. Can request additional information extending the deadline for an additional 10 days

More information on steps local health departments and health care providers can take is found in the CDC Health Advisory at <http://emergency.cdc.gov/han/han00377.asp>.

Spotlight on LaPorte County, Indiana

	LaPorte County	Indiana
Population, 2014	111,444	6,596,855
HIV and HCV		
New HIV cases (rate per 100,000 population), 2014	<5 (*)	515 (8)
Total number of people living with HIV, 2014	185	11,547
Newly reported HCV cases (rate per 100,000 population), 2013	62 (56)	4,535 (69)
Drug overdoses and deaths		
Annual average number of drug poisoning deaths (total rate per 100,000 population), 2009-2013**	17 (15)	966 (15)
Drug poisoning deaths per 100,000 population (rate per 100,000 pop), 2013	17 (15)	1049 (16)
Annual average number of non-fatal emergency room visits due to opioid overdoses (total rate per 100,000 population), 2009-2013**	47 (43)	1820 (28)
Non-fatal emergency room visits due to opioid overdoses (rate per 100,000 population), 2013	58 (52)	2,157 (33)
STDs		
Chlamydia cases (rate per 100,000 population), 2013	399 (359)	28,023 (432)
Gonorrhea cases (rate per 100,000 population), 2013	129 (116)	7,144 (110)

*Numbers less than 5, including 0.

**Drug poisoning deaths: underlying cause of death coded on death certificate as drug overdose fatality or "acute drug overdose."

HCV

HCV is spread through contact with blood of an infected person, primarily through sharing contaminated needles or injection drug use equipment (CDC fact sheet). There is no vaccine for HCV. The best way to prevent HCV infection is to never inject drugs or to stop injecting drugs by getting into and staying in a drug treatment program (CDC). People who continue to inject drugs should use new, sterile syringes each time and never reuse or share needles, water, or other drug preparation equipment. The Centers for Disease Control and Prevention (CDC) recommends HCV testing for people who inject drugs, all people living with HIV, and everyone born during 1945-1965.

Substance Abuse

People abuse substances such as drugs, alcohol, and tobacco for varied reasons. Substance abuse can have negative social, physical, mental, and public health impact on individuals, families and communities. In 2013, an estimated 9.4% of people over the age of 12 in the US engaged in illegal drug use.

Key Support Services and Staff

Disease Intervention Specialists conduct partner notification, verify treatment of infected individuals, assist infected individuals in developing risk-reduction plans, and refer for HIV Care Coordination.

HIV Care Coordinators provide an individualized plan of care that includes medical, psychosocial, financial, and other supportive services for free.

ISDH HIV Special Populations Support Program provides intensive support services to individuals diagnosed with HIV disease and chemical dependency. Services are offered throughout the state at 12 sites. For more information, call 317-233-7418.

Substance abuse and treatment services are provided by various providers in the area. For information, contact SAMHSA's National Helpline 1-800-487-4889 for 24-hour free and confidential treatment referral and information.

STD Prevention is HIV Prevention. The ISDH STD Prevention Program has opportunities for local health departments to receive test materials and medications for Chlamydia and gonorrhea. For more information, contact std@isdh.in.gov.

Key Contacts for LaPorte County

Disease Investigation area: District 1

Local HIV Care Coordination

Aliveness Project (800)293-7312

Disease Intervention Specialists

Aquanette Hudson (219)239-2313
Velzie Fuller

HIV & STD Prevention Services

LaPorte County Health Department

809 State St, Suite 401 A, LaPorte, IN 46350

Wednesdays by appointment only, 219-326-6808

\$20.00 Clinic fee.

\$20.00 HIV and Syphilis testing available

\$50.00 Hepatitis panel with ALT available

For more information, visit the ISDH HIV/STD website at: <https://secure.in.gov/isdh/17397.htm>

or contact the ISDH Local Health Department Outreach Division at

LHDinfo@isdh.in.gov (please put "County Profile" in subject line) or **317-234-6623**.

Lawrence County Profile

Background

In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxycodone (brand name Opana) and sharing needles.

What Local Health Departments Can Do

As the local “eyes and ears on the ground,” public health staff are critical to the identification of outbreaks. To do this, the following are important:

- Promptly report new HIV cases to the ISDH Division of HIV/STD/Viral Hepatitis.
- Promptly report new HCV cases to the ISDH Epidemiology Resources Center.
- Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
- Become familiar with local data so any increases are easily identified.
- Know who to contact for assistance and appropriate health services.

This Profile is a tool to become familiar with local data, local resources, and to assist you in the decision-making process for local syringe exchange programs.

Syringe Exchange Programs

Syringe exchange programs provide people who inject drugs with an opportunity to reduce the spread of bloodborne diseases such as HIV and HCV, use sterile syringes, share syringes less often, and safely dispose of used syringes. The programs serve to connect hard-to-reach people who inject drugs with important public health services, including HIV and HCV testing, substance abuse treatment, sexually transmitted disease (STD) screening and treatment, and risk reduction counseling.

Syringe Exchange Law in Indiana (<https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251>)

In May, a new law went into effect to allow local health departments and law enforcement to work together to start a syringe exchange program in their counties if the following criteria are met:

177. Local health officer declares to county/municipality:
 - a. There is an epidemic of HCV or HIV;
 - b. The primary mode of transmission of HCV or HIV is injection drug use;
 - c. That a syringe exchange program is medically appropriate as part of the comprehensive public health response.
178. The executive/legislative body of county/municipality:
 - a. Conducts a public hearing and
 - b. Takes official action that adopts the declaration of the local health officer.
179. The executive/legislative body of county/municipality:
 - a. Notifies the State Health Commissioner of declaration;
 - b. Requests the State Health Commissioner to declare a public health emergency;
 - c. Indicates other measures taken to address the epidemic have not worked.
180. Commissioner must approve or deny within 10 days from submission.
 - a. Can request additional information extending the deadline for an additional 10 days

More information on steps local health departments and health care providers can take is found in the CDC Health Advisory at <http://emergency.cdc.gov/han/han00377.asp>.

Spotlight on Lawrence County, Indiana

	Lawrence County	Indiana
Population, 2014	45,704	6,596,855
HIV and HCV		
New HIV cases (rate per 100,000 population), 2014	<5 (*)	515 (8)
Total number of people living with HIV, 2014	31	11,547
Newly reported HCV cases (rate per 100,000 population), 2013	42 (92)	4,535 (69)
Drug overdoses and deaths		
Annual average number of drug poisoning deaths (total rate per 100,000 population), 2009-2013**	6 (14)	966 (15)
Drug poisoning deaths per 100,000 population (rate per 100,000 pop), 2013	8 (17)	1049 (16)
Annual average number of non-fatal emergency room visits due to opioid overdoses (total rate per 100,000 population), 2009-2013**	23 (51)	1820 (28)
Non-fatal emergency room visits due to opioid overdoses (rate per 100,000 population), 2013	28 (61)	2,157 (33)
STDs		
Chlamydia cases (rate per 100,000 population), 2013	153 (334)	28,023 (432)
Gonorrhea cases (rate per 100,000 population), 2013	9 (20)	7,144 (110)

*Numbers less than 5, including 0.

**Drug poisoning deaths: underlying cause of death coded on death certificate as drug overdose fatality or "acute drug overdose."

HCV

HCV is spread through contact with blood of an infected person, primarily through sharing contaminated needles or injection drug use equipment (CDC fact sheet). There is no vaccine for HCV. The best way to prevent HCV infection is to never inject drugs or to stop injecting drugs by getting into and staying in a drug treatment program (CDC). People who continue to inject drugs should use new, sterile syringes each time and never reuse or share needles, water, or other drug preparation equipment. The Centers for Disease Control and Prevention (CDC) recommends HCV testing for people who inject drugs, all people living with HIV, and everyone born during 1945-1965.

Substance Abuse

People abuse substances such as drugs, alcohol, and tobacco for varied reasons. Substance abuse can have negative social, physical, mental, and public health impact on individuals, families and communities. In 2013, an estimated 9.4% of people over the age of 12 in the US engaged in illegal drug use.

Key Support Services and Staff

Disease Intervention Specialists conduct partner notification, verify treatment of infected individuals, assist infected individuals in developing risk-reduction plans, and refer for HIV Care Coordination.

HIV Care Coordinators provide an individualized plan of care that includes medical, psychosocial, financial, and other supportive services for free.

ISDH HIV Special Populations Support Program provides intensive support services to individuals diagnosed with HIV disease and chemical dependency. Services are offered throughout the state at 12 sites. For more information, call 317-233-7418.

Substance abuse and treatment services are provided by various providers in the area. For information, contact SAMHSA's National Helpline 1-800-487-4889 for 24-hour free and confidential treatment referral and information.

STD Prevention is HIV Prevention. The ISDH STD Prevention Program has opportunities for local health departments to receive test materials and medications for Chlamydia and gonorrhea. For more information, contact std@isdh.in.gov.

Key Contacts for Lawrence County

Disease Investigation area: District 7

Local HIV Care Coordination

Positive Link IU Bloomington
(800)313-4645

Disease Intervention Specialists

Julie Hartley (812)349-2829
Miranda Ettinger

Futures Family Planning Clinic

119 W. 7th St Lower Level, Bloomington, IN 47404
812-341-7343

Low cost, sliding scale fees
Please call for appointment

Patients must be Family Planning client or eligible to become one

For more information, visit the ISDH HIV/STD website at: <https://secure.in.gov/isdh/17397.htm>

or contact the ISDH Local Health Department Outreach Division at

LHDinfo@isdh.in.gov (please put "County Profile" in subject line) or 317-234-6623.

Madison County Profile

Background

In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxycodone (brand name Opana) and sharing needles.

What Local Health Departments Can Do

As the local “eyes and ears on the ground,” public health staff are critical to the identification of outbreaks. To do this, the following are important:

- Promptly report new HIV cases to the ISDH Division of HIV/STD/Viral Hepatitis.
- Promptly report new HCV cases to the ISDH Epidemiology Resources Center.
- Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
- Become familiar with local data so any increases are easily identified.
- Know who to contact for assistance and appropriate health services.

This Profile is a tool to become familiar with local data, local resources, and to assist you in the decision-making process for local syringe exchange programs.

Syringe Exchange Programs

Syringe exchange programs provide people who inject drugs with an opportunity to reduce the spread of bloodborne diseases such as HIV and HCV, use sterile syringes, share syringes less often, and safely dispose of used syringes. The programs serve to connect hard-to-reach people who inject drugs with important public health services, including HIV and HCV testing, substance abuse treatment, sexually transmitted disease (STD) screening and treatment, and risk reduction counseling.

Syringe Exchange Law in Indiana (<https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251>)

In May, a new law went into effect to allow local health departments and law enforcement to work together to start a needle exchange program in their counties if the following criteria are met:

181. Local health officer declares to county/municipality:
 - a. There is an epidemic of HCV or HIV;
 - b. The primary mode of transmission of HCV or HIV is injection drug use;
 - c. That a Syringe Exchange Program is medically appropriate as part of the comprehensive public health response.
182. The executive/legislative body of county/municipality:
 - a. Conducts a public hearing and
 - b. Takes official action that adopts the declaration of the local health officer.
183. The executive/legislative body of county/municipality:
 - a. Notifies the State Health Commissioner of declaration;
 - b. Requests the State Health Commissioner to declare a public health emergency;
 - c. Indicates other measures taken to address the epidemic have not worked.
184. Commissioner must approve or deny within 10 days from submission.
 - a. Can request additional information extending the deadline for an additional 10 days

More information on steps local health departments and health care providers can take is found in the CDC Health Advisory at <http://emergency.cdc.gov/han/han00377.asp>.

Spotlight on *Madison County, Indiana*

	Madison County	Indiana
Population, 2014	130,069	6,596,855
HIV and HCV		
New HIV cases (rate per 100,000 population), 2014	6 (4.6)	515 (8)
Total number of people living with HIV, 2014	197	11,547
Newly reported HCV cases (rate per 100,000 population), 2013+	70 (54)	4,535 (69)
Drug overdoses and deaths		
Annual average number of drug poisoning deaths (total rate per 100,000 population), 2009-2013**	38 (29)	966 (15)
Drug poisoning deaths per 100,000 population (rate per 100,000 pop), 2013	23 (18)	1049 (16)
Annual average number of non-fatal emergency room visits due to opioid overdoses (total rate per 100,000 population), 2009-2013**	52 (40)	1820 (28)
Non-fatal emergency room visits due to opioid overdoses (rate per 100,000 population), 2013	46 (35)	2,157 (33)
STDs		
Chlamydia cases (rate per 100,000 population), 2013	482 (369)	28,023 (432)
Gonorrhea cases (rate per 100,000 population), 2013	131 (100)	7,144 (110)

*Numbers less than 5, including 0.

**Drug poisoning deaths: underlying cause of death coded on death certificate as drug overdose fatality or "acute drug overdose."

+Includes Department of Corrections cases.

HCV

HCV is spread through contact with blood of an infected person, primarily through sharing contaminated needles or injection drug use equipment (CDC fact sheet). There is no vaccine for HCV. The best way to prevent HCV infection is to never inject drugs or to stop injecting drugs by getting into and staying in a drug treatment program (CDC). People who continue to inject drugs should use new, sterile syringes each time and never reuse or share needles, water, or other drug preparation equipment. The Centers for Disease Control and Prevention (CDC) recommends HCV testing for people who inject drugs, all people living with HIV, and everyone born during 1945-1965.

Substance Abuse

People abuse substances such as drugs, alcohol, and tobacco for varied reasons. Substance abuse can have negative social, physical, mental, and public health impact on individuals, families and communities. In 2013, an estimated 9.4% of people over the age of 12 in the US engaged in illegal drug use.

Key Support Services and Staff

Disease Intervention Specialists conduct partner notification, verify treatment of infected individuals, assist infected individuals in developing risk-reduction plans, and refer for HIV Care Coordination.

HIV Care Coordinators provide an individualized plan of care that includes medical, psychosocial, financial, and other supportive services for free.

ISDH HIV Special Populations Support Program provides intensive support services to individuals diagnosed with HIV disease and chemical dependency. Services are offered throughout the state at 12 sites. For more information, call 317-233-7418.

Substance abuse and treatment services are provided by various providers in the area. For information, contact SAMHSA's National Helpline 1-800-487-4889 for 24-hour free and confidential treatment referral and information.

STD Prevention is HIV Prevention. The ISDH STD Prevention Program has opportunities for local health departments to receive test materials and medications for Chlamydia and gonorrhea. For more information, contact std@isdh.in.gov.

Key Contacts for Madison County

Disease Investigation area: District 6

Local HIV Care Coordination

Aspire (Central)
(765)641-8326 x4528

Disease Intervention Specialists

Melody Fuqua (765)254-1574
Brandon Todd (765)288-0763

HIV & STD Prevention Services

Madison County Health Department

206 E. 9th St #200, Anderson, IN 46016
(765)641-9524

\$15.00 Fee (covers all tests and possible treatments)

For more information, visit the ISDH HIV/STD website at: <https://secure.in.gov/isdh/17397.htm>

or contact the ISDH Local Health Department Outreach Division at

LHDinfo@isdh.in.gov (please put "County Profile" in subject line) or **317-234-6623**.

Marion County Profile

Background

In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxycodone (brand name Opana) and sharing needles.

What Local Health Departments Can Do

As the local “eyes and ears on the ground,” public health staff are critical to the identification of outbreaks. To do this, the following are important:

- Promptly report new HIV cases to the ISDH Division of HIV/STD/Viral Hepatitis.
- Promptly report new HCV cases to the ISDH Epidemiology Resources Center.
- Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
- Become familiar with local data so any increases are easily identified.
- Know who to contact for assistance and appropriate health services.

This Profile is a tool to become familiar with local data, local resources, and to assist you in the decision-making process for local syringe exchange programs.

Syringe Exchange Programs

Syringe exchange programs provide people who inject drugs with an opportunity to reduce the spread of bloodborne diseases such as HIV and HCV, use sterile syringes, share syringes less often, and safely dispose of used syringes. The programs serve to connect hard-to-reach people who inject drugs with important public health services, including HIV and HCV testing, substance abuse treatment, sexually transmitted disease (STD) screening and treatment, and risk reduction counseling.

Syringe Exchange Law in Indiana (<https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251>)

In May, a new law went into effect to allow local health departments and law enforcement to work together to start a syringe exchange program in their counties if the following criteria are met:

185. Local health officer declares to county/municipality:
 - a. There is an epidemic of HCV or HIV;
 - b. The primary mode of transmission of HCV or HIV is injection drug use;
 - c. That a syringe exchange program is medically appropriate as part of the comprehensive public health response.
186. The executive/legislative body of county/municipality:
 - a. Conducts a public hearing and
 - b. Takes official action that adopts the declaration of the local health officer.
187. The executive/legislative body of county/municipality:
 - a. Notifies the State Health Commissioner of declaration;
 - b. Requests the State Health Commissioner to declare a public health emergency;
 - c. Indicates other measures taken to address the epidemic have not worked.
188. Commissioner must approve or deny within 10 days from submission.
 - a. Can request additional information extending the deadline for an additional 10 days

More information on steps local health departments and health care providers can take is found in the CDC Health Advisory at <http://emergency.cdc.gov/han/han00377.asp>.

Spotlight on Marion County, Indiana

	Marion County	Indiana
Population, 2014	934,243	6,596,855
HIV and HCV		
New HIV cases (rate per 100,000 population), 2014	235 (25)	515 (8)
Total number of people living with HIV, 2014	4,971	11,547
Newly reported HCV cases (rate per 100,000 population), 2013+	504 (54)	4,535 (69)
Drug overdoses and deaths		
Annual average number of drug poisoning deaths (total rate per 100,000 population), 2009-2013**	167 (18)	966 (15)
Drug poisoning deaths per 100,000 population (rate per 100,000 pop), 2013	203 (22)	1049 (16)
Annual average number of non-fatal emergency room visits due to opioid overdoses (total rate per 100,000 population), 2009-2013**	347 (38)	1820 (28)
Non-fatal emergency room visits due to opioid overdoses (rate per 100,000 population), 2013	418 (45)	2,157 (33)
STDs		
Chlamydia cases (rate per 100,000 population), 2013	9,282 (1000)	28,023 (432)
Gonorrhea cases (rate per 100,000 population), 2013	3,191 (344)	7,144 (110)

*Numbers less than 5, including 0.

**Drug poisoning deaths: underlying cause of death coded on death certificate as drug overdose fatality or "acute drug overdose."

+Includes Department of Corrections cases.

HCV

HCV is spread through contact with blood of an infected person, primarily through sharing contaminated needles or injection drug use equipment (CDC fact sheet). There is no vaccine for HCV. The best way to prevent HCV infection is to never inject drugs or to stop injecting drugs by getting into and staying in a drug treatment program (CDC). People who continue to inject drugs should use new, sterile syringes each time and never reuse or share needles, water, or other drug preparation equipment. The Centers for Disease Control and Prevention (CDC) recommends HCV testing for people who inject drugs, all people living with HIV, and everyone born during 1945-1965.

Substance Abuse

People abuse substances such as drugs, alcohol, and tobacco for varied reasons. Substance abuse can have negative social, physical, mental, and public health impact on individuals, families and communities. In 2013, an estimated 9.4% of people over the age of 12 in the US engaged in illegal drug use.

Key Support Services and Staff

Disease Intervention Specialists conduct partner notification, verify treatment of infected individuals, assist infected individuals in developing risk-reduction plans, and refer for HIV Care Coordination.

HIV Care Coordinators provide an individualized plan of care that includes medical, psychosocial, financial, and other supportive services for free.

ISDH HIV Special Populations Support Program provides intensive support services to individuals diagnosed with HIV disease and chemical dependency. Services are offered throughout the state at 12 sites. For more information, call 317-233-7418.

Substance abuse and treatment services are provided by various providers in the area. For information, contact SAMHSA's National Helpline 1-800-487-4889 for 24-hour free and confidential treatment referral and information.

STD Prevention is HIV Prevention. The ISDH STD Prevention Program has opportunities for local health departments to receive test materials and medications for Chlamydia and gonorrhea. For more information, contact std@isdh.in.gov.

For more information, visit the ISDH HIV/STD website at: <https://secure.in.gov/isdh/17397.htm>

or contact the ISDH Local Health Department Outreach Division at

LHDinfo@isdh.in.gov (please put "County Profile" in subject line) or 317-234-6623.

Key Contacts for Marion County Disease Investigation area: District 5

Local HIV Care Coordination

Eskenazi Health (317)880-3503
Damien Center (800)213-1163
Concord Center (317)637-4376
Lifecare (317)962-2700
Step Up (317)259-7013 x16

Disease Intervention Specialists

Kari Haecker (317)221-8315
Lavida Joseph-Brown (317)221-8302
William Blakely, Bo Dawson, Ebony Gray,
Ervin Gainer, Mackenzie Szymanski, Julia
Lay, Ricky Ward, & Nate Nash

HIV & STD Prevention Services

Marion County Health Department Bell Flower Clinic
640 Eskenazi Ave., 5/3rd Bank Building, First Floor,
Indianapolis, IN 46202
(317)221-8300 appointment line, call for schedule
Tests for HIV and STDs, \$10.00 service fee.

Marshall County Profile

Background

In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxycodone (brand name Opana) and sharing needles.

What Local Health Departments Can Do

As the local “eyes and ears on the ground,” public health staff are critical to the identification of outbreaks. To do this, the following are important:

- Promptly report new HIV cases to the ISDH Division of HIV/STD/Viral Hepatitis.
- Promptly report new HCV cases to the ISDH Epidemiology Resources Center.
- Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
- Become familiar with local data so any increases are easily identified.
- Know who to contact for assistance and appropriate health services.

This Profile is a tool to become familiar with local data, local resources, and to assist you in the decision-making process for local needle exchange programs.

Needle Exchange Programs (NEP)

Needle exchange programs provide people who inject drugs with an opportunity to use sterile needle syringes, share needles less often, safely dispose of used needles, and reduce the spread of bloodborne diseases such as HIV and HCV. The programs serve to connect hard-to-reach people who inject drugs with important public health services, including HIV and HCV testing, sexually transmitted disease (STD) screening and treatment, risk reduction counseling, and substance abuse treatment.

Needle Exchange Law in Indiana (<https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251>)

On May 5, 2015, Indiana passed a new law to allow local health departments and law enforcement to work together to start a needle exchange program in their counties if the following criteria are met:

189. Local health officer declares to county/municipality:
 - a. There is an epidemic of HCV or HIV;
 - b. The primary mode of transmission of HCV or HIV is injection drug use;
 - c. That a NEP is medically appropriate as part of the comprehensive public health response.
190. The executive/legislative body of county/municipality:
 - a. Conducts a public hearing and
 - b. Takes official action that adopts the declaration of the local health officer.
191. The executive/legislative body of county/municipality:
 - a. Notifies the State Health Commissioner of declaration;
 - b. Requests the State Health Commissioner to declare a public health emergency;
 - c. Indicates other measures taken to address the epidemic have not worked.
192. Commissioner must approve or deny within 10 days from submission.
 - a. Can request additional information extending the deadline for an additional 10 days

More information on steps local health departments and health care providers can take is found in the CDC Health Advisory at <http://emergency.cdc.gov/han/han00377.asp>.

Spotlight on Marshall County, Indiana

	Marshall County	Indiana
Population, 2014	47,107	6,596,855
HIV and HCV		
New HIV cases (rate per 100,000 population), 2014	<5 (*)	515 (8)
Total number of people living with HIV, 2014	17	11,547
Newly reported HCV cases (rate per 100,000 population), 2013	9 (19)	4,535 (69)
Drug overdoses and deaths		
Annual average number of drug poisoning deaths (total rate per 100,000 population), 2009-2013**	<5 (*)	966 (15)
Drug poisoning deaths per 100,000 population (rate per 100,000 pop), 2013	<5 (*)	1049 (16)
Annual average number of non-fatal emergency room visits due to opioid overdoses (total rate per 100,000 population), 2009-2013**	11 (23)	1820 (28)
Non-fatal emergency room visits due to opioid overdoses (rate per 100,000 population), 2013	12 (26)	2,157 (33)
STDs		
Chlamydia cases (rate per 100,000 population), 2013	57 (121)	28,023 (432)
Gonorrhea cases (rate per 100,000 population), 2013	6 (13)	7,144 (110)

*Numbers less than 5, including 0.

**Drug poisoning deaths: underlying cause of death coded on death certificate as drug overdose fatality or "acute drug overdose."

HCV

HCV is spread through contact with blood of an infected person, primarily through sharing contaminated needles or injection drug use equipment (CDC fact sheet). There is no vaccine for HCV. The best way to prevent HCV infection is to never inject drugs or to stop injecting drugs by getting into and staying in a drug treatment program (CDC). People who continue to inject drugs should use new, sterile syringes each time and never reuse or share needles, water, or other drug preparation equipment. The Centers for Disease Control and Prevention (CDC) recommends HCV testing for people who inject drugs, all people living with HIV, and everyone born during 1945-1965.

Substance Abuse

People abuse substances such as drugs, alcohol, and tobacco for varied reasons. Substance abuse can have negative social, physical, mental, and public health impact on individuals, families and communities. In 2013, an estimated 9.4% of people over the age of 12 in the US engaged in illegal drug use.

Key Support Services and Staff

Disease Intervention Specialists conduct partner notification, verify treatment of infected individuals, assist infected individuals in developing risk-reduction plans, and refer for HIV Care Coordination.

HIV Care Coordinators provide an individualized plan of care that includes medical, psychosocial, financial, and other supportive services for free.

ISDH HIV Special Populations Support Program provides intensive support services to individuals diagnosed with HIV disease and chemical dependency. Services are offered throughout the state at 12 sites. For more information, call 317-233-7418.

Substance abuse and treatment services are provided by various providers in the area. For information, contact SAMHSA's National Helpline 1-800-487-4889 for 24-hour free and confidential treatment referral and information.

STD Prevention is HIV Prevention. The ISDH STD Prevention Program has opportunities for local health departments to receive test materials and medications for Chlamydia and gonorrhea. For more information, contact std@isdh.in.gov.

Key Contacts for Marshall County

Disease Investigation area: District 2

Local HIV Care Coordination

AIDS Assist (800)388-2437

Disease Intervention Specialists

Melissa Murawski (574)282-3230 x112
Lawrie Covie

HIV & STD Prevention Services

Olive Street Health Center

244 S. Olive St, Suite E, South Bend, IN 46619
(574)282-3230

Sliding Fee, Accepts Medicaid and Insurance

**Must be a family planning patient or be willing to become one*

For more information, visit the ISDH HIV/STD website at: <https://secure.in.gov/isdh/17397.htm>

or contact the ISDH Local Health Department Outreach Division at

LHDinfo@isdh.in.gov (please put "County Profile" in subject line) or 317-234-6623.

Martin County Profile

Background

In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxycodone (brand name Opana) and sharing needles.

What Local Health Departments Can Do

As the local “eyes and ears on the ground,” public health staff are critical to the identification of outbreaks. To do this, the following are important:

- Promptly report new HIV cases to the ISDH Division of HIV/STD/Viral Hepatitis.
- Promptly report new HCV cases to the ISDH Epidemiology Resources Center.
- Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
- Become familiar with local data so any increases are easily identified.
- Know who to contact for assistance and appropriate health services.

This Profile is a tool to become familiar with local data, local resources, and to assist you in the decision-making process for local syringe exchange programs.

Syringe Exchange Programs

Syringe exchange programs provide people who inject drugs with an opportunity to reduce the spread of bloodborne diseases such as HIV and HCV, use sterile syringes, share syringes less often, and safely dispose of used syringes. The programs serve to connect hard-to-reach people who inject drugs with important public health services, including HIV and HCV testing, substance abuse treatment, sexually transmitted disease (STD) screening and treatment, and risk reduction counseling.

Syringe Exchange Law in Indiana (<https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251>)

In May, a new law went into effect to allow local health departments and law enforcement to work together to start a syringe exchange program in their counties if the following criteria are met:

193. Local health officer declares to county/municipality:
 - a. There is an epidemic of HCV or HIV;
 - b. The primary mode of transmission of HCV or HIV is injection drug use;
 - c. That a syringe exchange program is medically appropriate as part of the comprehensive public health response.
194. The executive/legislative body of county/municipality:
 - a. Conducts a public hearing and
 - b. Takes official action that adopts the declaration of the local health officer.
195. The executive/legislative body of county/municipality:
 - a. Notifies the State Health Commissioner of declaration;
 - b. Requests the State Health Commissioner to declare a public health emergency;
 - c. Indicates other measures taken to address the epidemic have not worked.
196. Commissioner must approve or deny within 10 days from submission.
 - a. Can request additional information extending the deadline for an additional 10 days

More information on steps local health departments and health care providers can take is found in the CDC Health Advisory at <http://emergency.cdc.gov/han/han00377.asp>.

Spotlight on Martin County, Indiana

	Martin County	Indiana
Population, 2014	10,203	6,596,855
HIV and HCV		
New HIV cases (rate per 100,000 population), 2014	<5 (*)	515 (8)
Total number of people living with HIV, 2014	7	11,547
Newly reported HCV cases (rate per 100,000 population), 2013	10 (98)	4,535 (69)
Drug overdoses and deaths		
Annual average number of drug poisoning deaths (total rate per 100,000 population), 2009-2013**	<5 (*)	966 (15)
Drug poisoning deaths per 100,000 population (rate per 100,000 pop), 2013	<5 (*)	1049 (16)
Annual average number of non-fatal emergency room visits due to opioid overdoses (total rate per 100,000 population), 2009-2013**	<5 (*)	1820 (28)
Non-fatal emergency room visits due to opioid overdoses (rate per 100,000 population), 2013	<5 (*)	2,157 (33)
STDs		
Chlamydia cases (rate per 100,000 population), 2013	14 (138)	28,023 (432)
Gonorrhea cases (rate per 100,000 population), 2013	<5 (*)	7,144 (110)

*Numbers less than 5, including 0.

**Drug poisoning deaths: underlying cause of death coded on death certificate as drug overdose fatality or "acute drug overdose."

HCV

HCV is spread through contact with blood of an infected person, primarily through sharing contaminated needles or injection drug use equipment (CDC fact sheet). There is no vaccine for HCV. The best way to prevent HCV infection is to never inject drugs or to stop injecting drugs by getting into and staying in a drug treatment program (CDC). People who continue to inject drugs should use new, sterile syringes each time and never reuse or share needles, water, or other drug preparation equipment. The Centers for Disease Control and Prevention (CDC) recommends HCV testing for people who inject drugs, all people living with HIV, and everyone born during 1945-1965.

Substance Abuse

People abuse substances such as drugs, alcohol, and tobacco for varied reasons. Substance abuse can have negative social, physical, mental, and public health impact on individuals, families and communities. In 2013, an estimated 9.4% of people over the age of 12 in the US engaged in illegal drug use.

Key Support Services and Staff

Disease Intervention Specialists conduct partner notification, verify treatment of infected individuals, assist infected individuals in developing risk-reduction plans, and refer for HIV Care Coordination.

HIV Care Coordinators provide an individualized plan of care that includes medical, psychosocial, financial, and other supportive services for free.

ISDH HIV Special Populations Support Program provides intensive support services to individuals diagnosed with HIV disease and chemical dependency. Services are offered throughout the state at 12 sites. For more information, call 317-233-7418.

Substance abuse and treatment services are provided by various providers in the area. For information, contact SAMHSA's National Helpline 1-800-487-4889 for 24-hour free and confidential treatment referral and information.

STD Prevention is HIV Prevention. The ISDH STD Prevention Program has opportunities for local health departments to receive test materials and medications for Chlamydia and gonorrhea. For more information, contact std@isdh.in.gov.

Key Contacts for Martin County

Disease Investigation area: District 8

Local HIV Care Coordination

AIDS Resource Group of Evansville
(800)423-6255

Disease Intervention Specialists

Wallace Corbitt, 812-435-5683
Wallace Paynter
Ashlee Stone Neighbors

HIV & STD Prevention Services

Pace Health Connection

2NE 21st Washington, IN 47501
(812)254-6936

Sliding Scale based on income, Family Planning services, STD & HIV testing available

For more information, visit the ISDH HIV/STD website at: <https://secure.in.gov/isdh/17397.htm>

or contact the ISDH Local Health Department Outreach Division at

LHDinfo@isdh.in.gov (please put "County Profile" in subject line) or **317-234-6623**.

Miami County Profile

Background

In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxycodone (brand name Opana) and sharing needles.

What Local Health Departments Can Do

As the local “eyes and ears on the ground,” public health staff are critical to the identification of outbreaks. To do this, the following are important:

- Promptly report new HIV cases to the ISDH Division of HIV/STD/Viral Hepatitis.
- Promptly report new HCV cases to the ISDH Epidemiology Resources Center.
- Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
- Become familiar with local data so any increases are easily identified.
- Know who to contact for assistance and appropriate health services.

This Profile is a tool to become familiar with local data, local resources, and to assist you in the decision-making process for local syringe exchange programs.

Syringe Exchange Programs

Syringe exchange programs provide people who inject drugs with an opportunity to reduce the spread of bloodborne diseases such as HIV and HCV, use sterile syringes, share syringes less often, and safely dispose of used syringes. The programs serve to connect hard-to-reach people who inject drugs with important public health services, including HIV and HCV testing, substance abuse treatment, sexually transmitted disease (STD) screening and treatment, and risk reduction counseling.

Syringe Exchange Law in Indiana (<https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251>)

In May, a new law went into effect to allow local health departments and law enforcement to work together to start a syringe exchange program in their counties if the following criteria are met:

197. Local health officer declares to county/municipality:
 - a. There is an epidemic of HCV or HIV;
 - b. The primary mode of transmission of HCV or HIV is injection drug use;
 - c. That a syringe exchange program is medically appropriate as part of the comprehensive public health response.
198. The executive/legislative body of county/municipality:
 - a. Conducts a public hearing and
 - b. Takes official action that adopts the declaration of the local health officer.
199. The executive/legislative body of county/municipality:
 - a. Notifies the State Health Commissioner of declaration;
 - b. Requests the State Health Commissioner to declare a public health emergency;
 - c. Indicates other measures taken to address the epidemic have not worked.
200. Commissioner must approve or deny within 10 days from submission.
 - a. Can request additional information extending the deadline for an additional 10 days

More information on steps local health departments and health care providers can take is found in the CDC Health Advisory at <http://emergency.cdc.gov/han/han00377.asp>.

Spotlight on Miami County, Indiana

	Miami County	Indiana
Population, 2014	35,954	6,596,855
HIV and HCV		
New HIV cases (rate per 100,000 population), 2014	<5 (*)	515 (8)
Total number of people living with HIV, 2014	38	11,547
Newly reported HCV cases (rate per 100,000 population), 2013+	31 (86)	4,535 (69)
Drug overdoses and deaths		
Annual average number of drug poisoning deaths (total rate per 100,000 population), 2009-2013**	<5 (*)	966 (15)
Drug poisoning deaths per 100,000 population (rate per 100,000 pop), 2013	<5 (*)	1049 (16)
Annual average number of non-fatal emergency room visits due to opioid overdoses (total rate per 100,000 population), 2009-2013**	8 (22)	1820 (28)
Non-fatal emergency room visits due to opioid overdoses (rate per 100,000 population), 2013	6 (17)	2,157 (33)
STDs		
Chlamydia cases (rate per 100,000 population), 2013	85 (235)	28,023 (432)
Gonorrhea cases (rate per 100,000 population), 2013	11 (30)	7,144 (110)

*Numbers less than 5, including 0.

**Drug poisoning deaths: underlying cause of death coded on death certificate as drug overdose fatality or "acute drug overdose."

+Includes Department of Corrections cases.

HCV

HCV is spread through contact with blood of an infected person, primarily through sharing contaminated needles or injection drug use equipment (CDC fact sheet). There is no vaccine for HCV. The best way to prevent HCV infection is to never inject drugs or to stop injecting drugs by getting into and staying in a drug treatment program (CDC). People who continue to inject drugs should use new, sterile syringes each time and never reuse or share needles, water, or other drug preparation equipment. The Centers for Disease Control and Prevention (CDC) recommends HCV testing for people who inject drugs, all people living with HIV, and everyone born during 1945-1965.

Key Contacts for Miami County

Disease Investigation area: District 2

Local HIV Care Coordination

Aspire (Central) (765)641-8326 X4528

Disease Intervention Specialists

Melissa Murawski (574)282-3230 x112
Lawrie Covey

Substance Abuse

People abuse substances such as drugs, alcohol, and tobacco for varied reasons. Substance abuse can have negative social, physical, mental, and public health impact on individuals, families and communities. In 2013, an estimated 9.4% of people over the age of 12 in the US engaged in illegal drug use.

HIV & STD Prevention Services

Community Health Center of Miami County

661 E. Main St, Suite B, Peru, IN 46970

Requires appointment (765)472-2519

Sliding scale fees, accepts Medicaid

Key Support Services and Staff

Disease Intervention Specialists conduct partner notification, verify treatment of infected individuals, assist infected individuals in developing risk-reduction plans, and refer for HIV Care Coordination.

HIV Care Coordinators provide an individualized plan of care that includes medical, psychosocial, financial, and other supportive services for free.

ISDH HIV Special Populations Support Program provides intensive support services to individuals diagnosed with HIV disease and chemical dependency. Services are offered throughout the state at 12 sites. For more information, call 317-233-7418.

Substance abuse and treatment services are provided by various providers in the area. For information, contact SAMHSA's National Helpline 1-800-487-4889 for 24-hour free and confidential treatment referral and information.

STD Prevention is HIV Prevention. The ISDH STD Prevention Program has opportunities for local health departments to receive test materials and medications for Chlamydia and gonorrhea. For more information, contact std@isdh.in.gov.

For more information, visit the ISDH HIV/STD website at: <https://secure.in.gov/isdh/17397.htm>

or contact the ISDH Local Health Department Outreach Division at

LHDinfo@isdh.in.gov (please put "County Profile" in subject line) or **317-234-6623**.

Monroe County Profile

Background

In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxycodone (brand name Opana) and sharing needles.

What Local Health Departments Can Do

As the local “eyes and ears on the ground,” public health staff are critical to the identification of outbreaks. To do this, the following are important:

- Promptly report new HIV cases to the ISDH Division of HIV/STD/Viral Hepatitis.
- Promptly report new HCV cases to the ISDH Epidemiology Resources Center.
- Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
- Become familiar with local data so any increases are easily identified.
- Know who to contact for assistance and appropriate health services.

This Profile is a tool to become familiar with local data, local resources, and to assist you in the decision-making process for local syringe exchange programs.

Syringe Exchange Programs

Syringe exchange programs provide people who inject drugs with an opportunity to reduce the spread of bloodborne diseases such as HIV and HCV, use sterile syringes, share syringes less often, and safely dispose of used syringes. The programs serve to connect hard-to-reach people who inject drugs with important public health services, including HIV and HCV testing, substance abuse treatment, sexually transmitted disease (STD) screening and treatment, and risk reduction counseling.

Syringe Exchange Law in Indiana (<https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251>)

In May, a new law went into effect to allow local health departments and law enforcement to work together to start a syringe exchange program in their counties if the following criteria are met:

201. Local health officer declares to county/municipality:
 - a. There is an epidemic of HCV or HIV;
 - b. The primary mode of transmission of HCV or HIV is injection drug use;
 - c. That a syringe exchange program is medically appropriate as part of the comprehensive public health response.
202. The executive/legislative body of county/municipality:
 - a. Conducts a public hearing and
 - b. Takes official action that adopts the declaration of the local health officer.
203. The executive/legislative body of county/municipality:
 - a. Notifies the State Health Commissioner of declaration;
 - b. Requests the State Health Commissioner to declare a public health emergency;
 - c. Indicates other measures taken to address the epidemic have not worked.
204. Commissioner must approve or deny within 10 days from submission.
 - a. Can request additional information extending the deadline for an additional 10 days

More information on steps local health departments and health care providers can take is found in the CDC Health Advisory at <http://emergency.cdc.gov/han/han00377.asp>.

Spotlight on Monroe County, Indiana

	Monroe County	Indiana
Population, 2014	143,339	6,596,855
HIV and HCV		
New HIV cases (rate per 100,000 population), 2014	9 (6)	515 (8)
Total number of people living with HIV, 2014	215	11,547
Newly reported HCV cases (rate per 100,000 population), 2013	101 (71)	4,535 (69)
Drug overdoses and deaths		
Annual average number of drug poisoning deaths (total rate per 100,000 population), 2009-2013**	21 (15)	966 (15)
Drug poisoning deaths per 100,000 population (rate per 100,000 pop), 2013	19 (13)	1049 (16)
Annual average number of non-fatal emergency room visits due to opioid overdoses (total rate per 100,000 population), 2009-2013**	23 (17)	1820 (28)
Non-fatal emergency room visits due to opioid overdoses (rate per 100,000 population), 2013	41 (29)	2,157 (33)
STDs		
Chlamydia cases (rate per 100,000 population), 2013	662 (467)	28,023 (432)
Gonorrhea cases (rate per 100,000 population), 2013	82 (58)	7,144 (110)

*Numbers less than 5, including 0.

**Drug poisoning deaths: underlying cause of death coded on death certificate as drug overdose fatality or "acute drug overdose."

HCV

HCV is spread through contact with blood of an infected person, primarily through sharing contaminated needles or injection drug use equipment (CDC fact sheet). There is no vaccine for HCV. The best way to prevent HCV infection is to never inject drugs or to stop injecting drugs by getting into and staying in a drug treatment program (CDC). People who continue to inject drugs should use new, sterile syringes each time and never reuse or share needles, water, or other drug preparation equipment. The Centers for Disease Control and Prevention (CDC) recommends HCV testing for people who inject drugs, all people living with HIV, and everyone born during 1945-1965.

Substance Abuse

People abuse substances such as drugs, alcohol, and tobacco for varied reasons. Substance abuse can have negative social, physical, mental, and public health impact on individuals, families and communities. In 2013, an estimated 9.4% of people over the age of 12 in the US engaged in illegal drug use.

Key Support Services and Staff

Disease Intervention Specialists conduct partner notification, verify treatment of infected individuals, assist infected individuals in developing risk-reduction plans, and refer for HIV Care Coordination.

HIV Care Coordinators provide an individualized plan of care that includes medical, psychosocial, financial, and other supportive services for free.

ISDH HIV Special Populations Support Program provides intensive support services to individuals diagnosed with HIV disease and chemical dependency. Services are offered throughout the state at 12 sites. For more information, call 317-233-7418.

Substance abuse and treatment services are provided by various providers in the area. For information, contact SAMHSA's National Helpline 1-800-487-4889 for 24-hour free and confidential treatment referral and information.

STD Prevention is HIV Prevention. The ISDH STD Prevention Program has opportunities for local health departments to receive test materials and medications for Chlamydia and gonorrhea. For more information, contact std@isdh.in.gov.

Key Contacts for Monroe County

Disease Investigation area: District 7

Local HIV Care Coordination

Positive Link IU Bloomington
(800)313-4645

Disease Intervention Specialists

Julie Hartley (812)349-2829
Miranda Ettinger

Futures Family Planning Clinic

119 W. 7th St Lower Level, Bloomington, IN 47404
812-341-7343

Low cost, sliding scale fees
Please call for appointment

Patients must be Family Planning client or eligible to become one

For more information, visit the ISDH HIV/STD website at: <https://secure.in.gov/isdh/17397.htm>

or contact the ISDH Local Health Department Outreach Division at

LHDinfo@isdh.in.gov (please put "County Profile" in subject line) or **317-234-6623**.

Montgomery County Profile

Background

In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxycodone (brand name Opana) and sharing needles.

What Local Health Departments Can Do

As the local “eyes and ears on the ground,” public health staff are critical to the identification of outbreaks. To do this, the following are important:

- Promptly report new HIV cases to the ISDH Division of HIV/STD/Viral Hepatitis.
- Promptly report new HCV cases to the ISDH Epidemiology Resources Center.
- Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
- Become familiar with local data so any increases are easily identified.
- Know who to contact for assistance and appropriate health services.

This Profile is a tool to become familiar with local data, local resources, and to assist you in the decision-making process for local syringe exchange programs.

Syringe Exchange Programs

Syringe exchange programs provide people who inject drugs with an opportunity to reduce the spread of bloodborne diseases such as HIV and HCV, use sterile syringes, share syringes less often, and safely dispose of used syringes. The programs serve to connect hard-to-reach people who inject drugs with important public health services, including HIV and HCV testing, substance abuse treatment, sexually transmitted disease (STD) screening and treatment, and risk reduction counseling.

Syringe Exchange Law in Indiana (<https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251>)

In May, a new law went into effect to allow local health departments and law enforcement to work together to start a syringe exchange program in their counties if the following criteria are met:

205. Local health officer declares to county/municipality:
 - a. There is an epidemic of HCV or HIV;
 - b. The primary mode of transmission of HCV or HIV is injection drug use;
 - c. That a syringe exchange program is medically appropriate as part of the comprehensive public health response.
206. The executive/legislative body of county/municipality:
 - a. Conducts a public hearing and
 - b. Takes official action that adopts the declaration of the local health officer.
207. The executive/legislative body of county/municipality:
 - a. Notifies the State Health Commissioner of declaration;
 - b. Requests the State Health Commissioner to declare a public health emergency;
 - c. Indicates other measures taken to address the epidemic have not worked.
208. Commissioner must approve or deny within 10 days from submission.
 - a. Can request additional information extending the deadline for an additional 10 days

More information on steps local health departments and health care providers can take is found in the CDC Health Advisory at <http://emergency.cdc.gov/han/han00377.asp>.

Spotlight on Montgomery County, Indiana

	Montgomery County	Indiana
Population, 2014	38,146	6,596,855
HIV and HCV		
New HIV cases (rate per 100,000 population), 2014	4 (11)	515 (8)
Total number of people living with HIV, 2014	28	11,547
Newly reported HCV cases (rate per 100,000 population), 2013	34 (89)	4,535 (69)
Drug overdoses and deaths		
Annual average number of drug poisoning deaths (total rate per 100,000 population), 2009-2013**	10 (28)	966 (15)
Drug poisoning deaths per 100,000 population (rate per 100,000 pop), 2013	8 (21)	1049 (16)
Annual average number of non-fatal emergency room visits due to opioid overdoses (total rate per 100,000 population), 2009-2013**	22 (59)	1820 (28)
Non-fatal emergency room visits due to opioid overdoses (rate per 100,000 population), 2013	27 (71)	2,157 (33)
STDs		
Chlamydia cases (rate per 100,000 population), 2013	104 (272)	28,023 (432)
Gonorrhea cases (rate per 100,000 population), 2013	14 (37)	7,144 (110)

*Numbers less than 5, including 0.

**Drug poisoning deaths: underlying cause of death coded on death certificate as drug overdose fatality or "acute drug overdose."

HCV

HCV is spread through contact with blood of an infected person, primarily through sharing contaminated needles or injection drug use equipment (CDC fact sheet). There is no vaccine for HCV. The best way to prevent HCV infection is to never inject drugs or to stop injecting drugs by getting into and staying in a drug treatment program (CDC). People who continue to inject drugs should use new, sterile syringes each time and never reuse or share needles, water, or other drug preparation equipment. The Centers for Disease Control and Prevention (CDC) recommends HCV testing for people who inject drugs, all people living with HIV, and everyone born during 1945-1965.

Substance Abuse

People abuse substances such as drugs, alcohol, and tobacco for varied reasons. Substance abuse can have negative social, physical, mental, and public health impact on individuals, families and communities. In 2013, an estimated 9.4% of people over the age of 12 in the US engaged in illegal drug use.

Key Support Services and Staff

Disease Intervention Specialists conduct partner notification, verify

treatment of infected individuals, assist infected individuals in developing risk-reduction plans, and refer for HIV Care Coordination.

HIV Care Coordinators provide an individualized plan of care that includes medical, psychosocial, financial, and other supportive services for free.

ISDH HIV Special Populations Support Program provides intensive support services to individuals diagnosed with HIV disease and chemical dependency. Services are offered throughout the state at 12 sites. For more information, call 317-233-7418.

Substance abuse and treatment services are provided by various providers in the area. For information, contact SAMHSA's National Helpline 1-800-487-4889 for 24-hour free and confidential treatment referral and information.

STD Prevention is HIV Prevention. The ISDH STD Prevention Program has opportunities for local health departments to receive test materials and medications for Chlamydia and gonorrhea. For more information, contact std@isdh.in.gov.

Key Contacts for Montgomery County

Disease Investigation area: District 4

Local HIV Care Coordination

Aspire (West)
(765)742-4481

Disease Intervention Specialists

Summer Wagner-Walker
(765)635-7666

HIV & STD Prevention Services

Boone County Health Department

116 W. Washington St, Lebanon, IN

No appointment needed, Free testing for STD testing

Walk in hours are Thursdays from 9-11AM & 2-4PM

For more information, visit the ISDH HIV/STD website at: <https://secure.in.gov/isdh/17397.htm>

or contact the ISDH Local Health Department Outreach Division at

LHDinfo@isdh.in.gov (please put "County Profile" in subject line) or **317-234-6623**.

Morgan County Profile

Background

In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxycodone (brand name Opana) and sharing needles.

What Local Health Departments Can Do

As the local “eyes and ears on the ground,” public health staff are critical to the identification of outbreaks. To do this, the following are important:

- Promptly report new HIV cases to the ISDH Division of HIV/STD/Viral Hepatitis.
- Promptly report new HCV cases to the ISDH Epidemiology Resources Center.
- Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
- Become familiar with local data so any increases are easily identified.
- Know who to contact for assistance and appropriate health services.

This Profile is a tool to become familiar with local data, local resources, and to assist you in the decision-making process for local syringe exchange programs.

Syringe Exchange Programs

Syringe exchange programs provide people who inject drugs with an opportunity to reduce the spread of bloodborne diseases such as HIV and HCV, use sterile syringes, share syringes less often, and safely dispose of used syringes. The programs serve to connect hard-to-reach people who inject drugs with important public health services, including HIV and HCV testing, substance abuse treatment, sexually transmitted disease (STD) screening and treatment, and risk reduction counseling.

Syringe Exchange Law in Indiana (<https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251>)

In May, a new law went into effect to allow local health departments and law enforcement to work together to start a syringe exchange program in their counties if the following criteria are met:

209. Local health officer declares to county/municipality:
 - a. There is an epidemic of HCV or HIV;
 - b. The primary mode of transmission of HCV or HIV is injection drug use;
 - c. That a syringe exchange program is medically appropriate as part of the comprehensive public health response.
210. The executive/legislative body of county/municipality:
 - a. Conducts a public hearing and
 - b. Takes official action that adopts the declaration of the local health officer.
211. The executive/legislative body of county/municipality:
 - a. Notifies the State Health Commissioner of declaration;
 - b. Requests the State Health Commissioner to declare a public health emergency;
 - c. Indicates other measures taken to address the epidemic have not worked.
212. Commissioner must approve or deny within 10 days from submission.
 - a. Can request additional information extending the deadline for an additional 10 days

More information on steps local health departments and health care providers can take is found in the CDC Health Advisory at <http://emergency.cdc.gov/han/han00377.asp>.

Spotlight on Morgan County, Indiana

	Morgan County	Indiana
Population, 2014	69,693	6,596,855
HIV and HCV		
New HIV cases (rate per 100,000 population), 2014	<5 (*)	515 (8)
Total number of people living with HIV, 2014	53	11,547
Newly reported HCV cases (rate per 100,000 population), 2013	51(73)	4,535 (69)
Drug overdoses and deaths		
Annual average number of drug poisoning deaths (total rate per 100,000 population), 2009-2013**	16 (24)	966 (15)
Drug poisoning deaths per 100,000 population (rate per 100,000 pop), 2013	13 (19)	1049 (16)
Annual average number of non-fatal emergency room visits due to opioid overdoses (total rate per 100,000 population), 2009-2013**	41 (60)	1820 (28)
Non-fatal emergency room visits due to opioid overdoses (rate per 100,000 population), 2013	45(65)	2,157 (33)
STDs		
Chlamydia cases (rate per 100,000 population), 2013	186 (267)	28,023 (432)
Gonorrhea cases (rate per 100,000 population), 2013	27 (39)	7,144 (110)

*Numbers less than 5, including 0.

**Drug poisoning deaths: underlying cause of death coded on death certificate as drug overdose fatality or "acute drug overdose."

HCV

HCV is spread through contact with blood of an infected person, primarily through sharing contaminated needles or injection drug use equipment (CDC fact sheet). There is no vaccine for HCV. The best way to prevent HCV infection is to never inject drugs or to stop injecting drugs by getting into and staying in a drug treatment program (CDC). People who continue to inject drugs should use new, sterile syringes each time and never reuse or share needles, water, or other drug preparation equipment. The Centers for Disease Control and Prevention (CDC) recommends HCV testing for people who inject drugs, all people living with HIV, and everyone born during 1945-1965.

Substance Abuse

People abuse substances such as drugs, alcohol, and tobacco for varied reasons. Substance abuse can have negative social, physical, mental, and public health impact on individuals, families and communities. In 2013, an estimated 9.4% of people over the age of 12 in the US engaged in illegal drug use.

Key Support Services and Staff

Disease Intervention Specialists conduct partner notification, verify treatment of infected individuals, assist infected individuals in developing risk-reduction plans, and refer for HIV Care Coordination.

HIV Care Coordinators provide an individualized plan of care that includes medical, psychosocial, financial, and other supportive services for free.

ISDH HIV Special Populations Support Program provides intensive support services to individuals diagnosed with HIV disease and chemical dependency. Services are offered throughout the state at 12 sites. For more information, call 317-233-7418.

Substance abuse and treatment services are provided by various providers in the area. For information, contact SAMHSA's National Helpline 1-800-487-4889 for 24-hour free and confidential treatment referral and information.

STD Prevention is HIV Prevention. The ISDH STD Prevention Program has opportunities for local health departments to receive test materials and medications for Chlamydia and gonorrhea. For more information, contact std@isdh.in.gov.

Key Contacts for Morgan County Disease Investigation area: District 5

Local HIV Care Coordination

Eskenazi Health (317)880-3503
Damien Center (800)213-1163
Concord Center (317)637-4376
Lifecare (317)962-2700
Step Up (317)259-7013 x16

Disease Intervention Specialists

Kari Haecker (317)221-8315
Laida Joseph-Brown (317)221-8302
William Blakely, Bo Dawson, Ebony Gray,
Ervin Gainer, Mackenzie Szymanski, Julia
Lay, Ricky Ward, & Nate Nash

HIV & STD Prevention Services

St. Thomas Moore Free Clinic

410 N. Monroe St., Mooreville, IN 46158
(317)831-1697

HIV And STD testing available 1st and 3rd Saturday of every month, appointment only for those without insurance.

For more information, visit the ISDH HIV/STD website at: <https://secure.in.gov/isdh/17397.htm>

or contact the ISDH Local Health Department Outreach Division at

LHDinfo@isdh.in.gov (please put "County Profile" in subject line) or **317-234-6623**.

Newton County Profile

Background

In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxycodone (brand name Opana) and sharing needles.

What Local Health Departments Can Do

As the local “eyes and ears on the ground,” public health staff are critical to the identification of outbreaks. To do this, the following are important:

- Promptly report new HIV cases to the ISDH Division of HIV/STD/Viral Hepatitis.
- Promptly report new HCV cases to the ISDH Epidemiology Resources Center.
- Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
- Become familiar with local data so any increases are easily identified.
- Know who to contact for assistance and appropriate health services.

This Profile is a tool to become familiar with local data, local resources, and to assist you in the decision-making process for local syringe exchange programs.

Syringe Exchange Programs

Syringe exchange programs provide people who inject drugs with an opportunity to reduce the spread of bloodborne diseases such as HIV and HCV, use sterile syringes, share syringes less often, and safely dispose of used syringes. The programs serve to connect hard-to-reach people who inject drugs with important public health services, including HIV and HCV testing, substance abuse treatment, sexually transmitted disease (STD) screening and treatment, and risk reduction counseling.

Syringe Exchange Law in Indiana (<https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251>)

In May, a new law went into effect to allow local health departments and law enforcement to work together to start a syringe exchange program in their counties if the following criteria are met:

213. Local health officer declares to county/municipality:
 - a. There is an epidemic of HCV or HIV;
 - b. The primary mode of transmission of HCV or HIV is injection drug use;
 - c. That a syringe exchange program is medically appropriate as part of the comprehensive public health response.
214. The executive/legislative body of county/municipality:
 - a. Conducts a public hearing and
 - b. Takes official action that adopts the declaration of the local health officer.
215. The executive/legislative body of county/municipality:
 - a. Notifies the State Health Commissioner of declaration;
 - b. Requests the State Health Commissioner to declare a public health emergency;
 - c. Indicates other measures taken to address the epidemic have not worked.
216. Commissioner must approve or deny within 10 days from submission.
 - a. Can request additional information extending the deadline for an additional 10 days

More information on steps local health departments and health care providers can take is found in the CDC Health Advisory at <http://emergency.cdc.gov/han/han00377.asp>.

Spotlight on Newton, Indiana

	Newton County	Indiana
Population, 2014	365,918	6,596,855
HIV and HCV		
New HIV cases (rate per 100,000 population), 2014	<5 (*)	515 (8)
Total number of people living with HIV, 2014	9	11,547
Newly reported HCV cases (rate per 100,000 population), 2013+	<5 (*)	4,535 (69)
Drug overdoses and deaths		
Annual average number of drug poisoning deaths (total rate per 100,000 population), 2009-2013**	<5 (*)	966 (15)
Drug poisoning deaths per 100,000 population (rate per 100,000 pop), 2013	<5 (*)	1049 (16)
Annual average number of non-fatal emergency room visits due to opioid overdoses (total rate per 100,000 population), 2009-2013**	<5 (*)	1820 (28)
Non-fatal emergency room visits due to opioid overdoses (rate per 100,000 population), 2013	<5 (*)	2,157 (33)
STDs		
Chlamydia cases (rate per 100,000 population), 2013	19 (135)	28,023 (432)
Gonorrhea cases (rate per 100,000 population), 2013	<5 (*)	7,144 (110)

*Numbers less than 5, including 0.

**Drug poisoning deaths: underlying cause of death coded on death certificate as drug overdose fatality or "acute drug overdose."

HCV

HCV is spread through contact with blood of an infected person, primarily through sharing contaminated needles or injection drug use equipment (CDC fact sheet). There is no vaccine for HCV. The best way to prevent HCV infection is to never inject drugs or to stop injecting drugs by getting into and staying in a drug treatment program (CDC). People who continue to inject drugs should use new, sterile syringes each time and never reuse or share needles, water, or other drug preparation equipment. The Centers for Disease Control and Prevention (CDC) recommends HCV testing for people who inject drugs, all people living with HIV, and everyone born during 1945-1965.

Substance Abuse

People abuse substances such as drugs, alcohol, and tobacco for varied reasons. Substance abuse can have negative social, physical, mental, and public health impact on individuals, families and communities. In 2013, an estimated 9.4% of people over the age of 12 in the US engaged in illegal drug use.

Key Support Services and Staff

Disease Intervention Specialists conduct partner notification, verify treatment of infected individuals, assist infected individuals in developing risk-reduction plans, and refer for HIV Care Coordination.

HIV Care Coordinators provide an individualized plan of care that includes medical, psychosocial, financial, and other supportive services for free.

ISDH HIV Special Populations Support Program provides intensive support services to individuals diagnosed with HIV disease and chemical dependency. Services are offered throughout the state at 12 sites. For more information, call 317-233-7418.

Substance abuse and treatment services are provided by various providers in the area. For information, contact SAMHSA's National Helpline 1-800-487-4889 for 24-hour free and confidential treatment referral and information.

STD Prevention is HIV Prevention. The ISDH STD Prevention Program has opportunities for local health departments to receive test materials and medications for Chlamydia and gonorrhea. For more information, contact std@isdh.in.gov.

Key Contacts for Newton County

Disease Investigation area: District 1

Local HIV Care Coordination

Aspire (West)
(765)742-4481

Disease Intervention Specialists

Aquanette Hudson (219)239-2313
Velzie Fuller

HIV & STD Prevention Services

Gary City Health Department

1145 W. 5th Ave, Gary, IN 46402
219-882-5565

Open M-F 8:30 AM to 5PM
STD and HIV testing available

For more information, visit the ISDH HIV/STD website at: <https://secure.in.gov/isdh/17397.htm>

or contact the ISDH Local Health Department Outreach Division at

LHDinfo@isdh.in.gov (please put "County Profile" in subject line) or 317-234-6623.

Noble County Profile

Background

In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxycodone (brand name Opana) and sharing needles.

What Local Health Departments Can Do

As the local “eyes and ears on the ground,” public health staff are critical to the identification of outbreaks. To do this, the following are important:

- Promptly report new HIV cases to the ISDH Division of HIV/STD/Viral Hepatitis.
- Promptly report new HCV cases to the ISDH Epidemiology Resources Center.
- Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
- Become familiar with local data so any increases are easily identified.
- Know who to contact for assistance and appropriate health services.

This Profile is a tool to become familiar with local data, local resources, and to assist you in the decision-making process for local needle exchange programs.

Needle Exchange Programs (NEP)

Needle exchange programs provide people who inject drugs with an opportunity to use sterile needle syringes, share needles less often, safely dispose of used needles, and reduce the spread of bloodborne diseases such as HIV and HCV. The programs serve to connect hard-to-reach people who inject drugs with important public health services, including HIV and HCV testing, sexually transmitted disease (STD) screening and treatment, risk reduction counseling, and substance abuse treatment.

Needle Exchange Law in Indiana (<https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251>)

On May 5, 2015, Indiana passed a new law to allow local health departments and law enforcement to work together to start a needle exchange program in their counties if the following criteria are met:

217. Local health officer declares to county/municipality:
 - a. There is an epidemic of HCV or HIV;
 - b. The primary mode of transmission of HCV or HIV is injection drug use;
 - c. That a NEP is medically appropriate as part of the comprehensive public health response.
218. The executive/legislative body of county/municipality:
 - a. Conducts a public hearing and
 - b. Takes official action that adopts the declaration of the local health officer.
219. The executive/legislative body of county/municipality:
 - a. Notifies the State Health Commissioner of declaration;
 - b. Requests the State Health Commissioner to declare a public health emergency;
 - c. Indicates other measures taken to address the epidemic have not worked.
220. Commissioner must approve or deny within 10 days from submission.
 - a. Can request additional information extending the deadline for an additional 10 days

More information on steps local health departments and health care providers can take is found in the CDC Health Advisory at <http://emergency.cdc.gov/han/han00377.asp>.

Spotlight on Noble County, Indiana

	Noble County	Indiana
Population, 2014	47,618	6,596,855
HIV and HCV		
New HIV cases (rate per 100,000 population), 2014	<5 (*)	515 (8)
Total number of people living with HIV, 2014	20	11,547
Newly reported HCV cases (rate per 100,000 population), 2013+	13 (27)	4,535 (69)
Drug overdoses and deaths		
Annual average number of drug poisoning deaths (total rate per 100,000 population), 2009-2013**	<5 (*)	966 (15)
Drug poisoning deaths per 100,000 population (rate per 100,000 pop), 2013	<5 (*)	1049 (16)
Annual average number of non-fatal emergency room visits due to opioid overdoses (total rate per 100,000 population), 2009-2013**	7 (16)	1820 (28)
Non-fatal emergency room visits due to opioid overdoses (rate per 100,000 population), 2013	12 (25)	2,157 (33)
STDs		
Chlamydia cases (rate per 100,000 population), 2013	98 (206)	28,023 (432)
Gonorrhea cases (rate per 100,000 population), 2013	12 (25)	7,144 (110)

*Numbers less than 5, including 0.

**Drug poisoning deaths: underlying cause of death coded on death certificate as drug overdose fatality or "acute drug overdose."

+includes Department of Corrections cases.

HCV

HCV is spread through contact with blood of an infected person, primarily through sharing contaminated needles or injection drug use equipment (CDC fact sheet). There is no vaccine for HCV. The best way to prevent HCV infection is to never inject drugs or to stop injecting drugs by getting into and staying in a drug treatment program (CDC). People who continue to inject drugs should use new, sterile syringes each time and never reuse or share needles, water, or other drug preparation equipment. The Centers for Disease Control and Prevention (CDC) recommends HCV testing for people who inject drugs, all people living with HIV, and everyone born during 1945-1965.

Substance Abuse

People abuse substances such as drugs, alcohol, and tobacco for varied reasons. Substance abuse can have negative social, physical, mental, and public health impact on individuals, families and communities. In 2013, an estimated 9.4% of people over the age of 12 in the US engaged in illegal drug use.

Key Support Services and Staff

Disease Intervention Specialists conduct partner notification, verify treatment of infected individuals, assist infected individuals in developing risk-reduction plans, and refer for HIV Care Coordination.

HIV Care Coordinators provide an individualized plan of care that includes medical, psychosocial, financial, and other supportive services for free.

ISDH HIV Special Populations Support Program provides intensive support services to individuals diagnosed with HIV disease and chemical dependency. Services are offered throughout the state at 12 sites. For more information, call 317-233-7418.

Substance abuse and treatment services are provided by various providers in the area. For information, contact SAMHSA's National Helpline 1-800-487-4889 for 24-hour free and confidential treatment referral and information.

STD Prevention is HIV Prevention. The ISDH STD Prevention Program has opportunities for local health departments to receive test materials and medications for Chlamydia and gonorrhea. For more information, contact std@isdh.in.gov.

Key Contacts for Noble County

Disease Investigation area: District 2

Local HIV Care Coordination

AIDS Task Force/Positive Resource Center (260)744-1144

Disease Intervention Specialists

Melissa Murawski (574)282-3230 x112
Lawrie Covey

HIV & STD Prevention Services

Ft. Wayne-Allen County Department of Health Medical Annex building

4813 New Haven Ave, Ft. Wayne 46803
260-449-7504

Full Service STD Clinic with HIV testing, Immunizations, Infectious Disease Clinic, travel clinic.

Minimal fees apply, info on website:

www.allencountyhealth.com

For more information, visit the ISDH HIV/STD website at: <https://secure.in.gov/isdh/17397.htm>

or contact the ISDH Local Health Department Outreach Division at

LHDinfo@isdh.in.gov (please put "County Profile" in subject line) or 317-234-6623.

Ohio County Profile

Background

In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxycodone (brand name Opana) and sharing needles.

What Local Health Departments Can Do

As the local “eyes and ears on the ground,” public health staff are critical to the identification of outbreaks. To do this, the following are important:

- Promptly report new HIV cases to the ISDH Division of HIV/STD/Viral Hepatitis.
- Promptly report new HCV cases to the ISDH Epidemiology Resources Center.
- Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
- Become familiar with local data so any increases are easily identified.
- Know who to contact for assistance and appropriate health services.

This Profile is a tool to become familiar with local data, local resources, and to assist you in the decision-making process for local syringe exchange programs.

Syringe Exchange Programs

Syringe exchange programs provide people who inject drugs with an opportunity to reduce the spread of bloodborne diseases such as HIV and HCV, use sterile syringes, share syringes less often, and safely dispose of used syringes. The programs serve to connect hard-to-reach people who inject drugs with important public health services, including HIV and HCV testing, substance abuse treatment, sexually transmitted disease (STD) screening and treatment, and risk reduction counseling.

Syringe Exchange Law in Indiana (<https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251>)

In May, a new law went into effect to allow local health departments and law enforcement to work together to start a syringe exchange program in their counties if the following criteria are met:

221. Local health officer declares to county/municipality:
 - a. There is an epidemic of HCV or HIV;
 - b. The primary mode of transmission of HCV or HIV is injection drug use;
 - c. That a syringe exchange program is medically appropriate as part of the comprehensive public health response.
222. The executive/legislative body of county/municipality:
 - a. Conducts a public hearing and
 - b. Takes official action that adopts the declaration of the local health officer.
223. The executive/legislative body of county/municipality:
 - a. Notifies the State Health Commissioner of declaration;
 - b. Requests the State Health Commissioner to declare a public health emergency;
 - c. Indicates other measures taken to address the epidemic have not worked.
224. Commissioner must approve or deny within 10 days from submission.
 - a. Can request additional information extending the deadline for an additional 10 days

More information on steps local health departments and health care providers can take is found in the CDC Health Advisory at <http://emergency.cdc.gov/han/han00377.asp>.

Spotlight on Ohio County, Indiana

	Ohio County	Indiana
Population, 2014	6,035	6,596,855
HIV and HCV		
New HIV cases (rate per 100,000 population), 2014	<5 (*)	515 (8)
Total number of people living with HIV, 2014	<5	11,547
Newly reported HCV cases (rate per 100,000 population), 2013	7 (116)	4,535 (69)
Drug overdoses and deaths		
Annual average number of drug poisoning deaths (total rate per 100,000 population), 2009-2013**	<5 (*)	966 (15)
Drug poisoning deaths per 100,000 population (rate per 100,000 pop), 2013	<5 (*)	1049 (16)
Annual average number of non-fatal emergency room visits due to opioid overdoses (total rate per 100,000 population), 2009-2013**	<5 (*)	1820 (28)
Non-fatal emergency room visits due to opioid overdoses (rate per 100,000 population), 2013	<5 (*)	2,157 (33)
STDs		
Chlamydia cases (rate per 100,000 population), 2013	12 (199)	28,023 (432)
Gonorrhea cases (rate per 100,000 population), 2013	<5 (*)	7,144 (110)

*Numbers less than 5, including 0.

**Drug poisoning deaths: underlying cause of death coded on death certificate as drug overdose fatality or "acute drug overdose."

HCV

HCV is spread through contact with blood of an infected person, primarily through sharing contaminated needles or injection drug use equipment (CDC fact sheet). There is no vaccine for HCV. The best way to prevent HCV infection is to never inject drugs or to stop injecting drugs by getting into and staying in a drug treatment program (CDC). People who continue to inject drugs should use new, sterile syringes each time and never reuse or share needles, water, or other drug preparation equipment. The Centers for Disease Control and Prevention (CDC) recommends HCV testing for people who inject drugs, all people living with HIV, and everyone born during 1945-1965.

Substance Abuse

People abuse substances such as drugs, alcohol, and tobacco for varied reasons. Substance abuse can have negative social, physical, mental, and public health impact on individuals, families and communities. In 2013, an estimated 9.4% of people over the age of 12 in the US engaged in illegal drug use.

Key Support Services and Staff

Disease Intervention Specialists conduct partner notification, verify treatment of infected individuals, assist infected individuals in developing risk-reduction plans, and refer for HIV Care Coordination.

HIV Care Coordinators provide an individualized plan of care that includes medical, psychosocial, financial, and other supportive services for free.

ISDH HIV Special Populations Support Program provides intensive support services to individuals diagnosed with HIV disease and chemical dependency. Services are offered throughout the state at 12 sites. For more information, call 317-233-7418.

Substance abuse and treatment services are provided by various providers in the area. For information, contact SAMHSA's National Helpline 1-800-487-4889 for 24-hour free and confidential treatment referral and information.

STD Prevention is HIV Prevention. The ISDH STD Prevention Program has opportunities for local health departments to receive test materials and medications for Chlamydia and gonorrhea. For more information, contact std@isdh.in.gov.

Key Contacts for Ohio County

Disease Investigation area: District 9

Local HIV Care Coordination

Aspire (Southeast)
(765)962-8742

Disease Intervention Specialists

Dorothy Waterhouse (812)288-2706
Jesse Shields (812)283-2738

HIV & STD Prevention Services

Clark County Health Department

1301 Akers Ave, Jeffersonville, IN 47130
M-F 9AM-5PM, (812)288-2706

*Free HIV testing M-F by appointment only
STD testing on Tuesday afternoons, \$20.00 fee*

For more information, visit the ISDH HIV/STD website at: <https://secure.in.gov/isdh/17397.htm>

or contact the ISDH Local Health Department Outreach Division at

LHDinfo@isdh.in.gov (please put "County Profile" in subject line) or **317-234-6623**.

Orange County Profile

Background

In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxycodone (brand name Opana) and sharing needles.

What Local Health Departments Can Do

As the local “eyes and ears on the ground,” public health staff are critical to the identification of outbreaks. To do this, the following are important:

- Promptly report new HIV cases to the ISDH Division of HIV/STD/Viral Hepatitis.
- Promptly report new HCV cases to the ISDH Epidemiology Resources Center.
- Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
- Become familiar with local data so any increases are easily identified.
- Know who to contact for assistance and appropriate health services.

This Profile is a tool to become familiar with local data, local resources, and to assist you in the decision-making process for local syringe exchange programs.

Syringe Exchange Programs

Syringe exchange programs provide people who inject drugs with an opportunity to reduce the spread of bloodborne diseases such as HIV and HCV, use sterile syringes, share syringes less often, and safely dispose of used syringes. The programs serve to connect hard-to-reach people who inject drugs with important public health services, including HIV and HCV testing, substance abuse treatment, sexually transmitted disease (STD) screening and treatment, and risk reduction counseling.

Syringe Exchange Law in Indiana (<https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251>)

In May, a new law went into effect to allow local health departments and law enforcement to work together to start a syringe exchange program in their counties if the following criteria are met:

225. Local health officer declares to county/municipality:
 - a. There is an epidemic of HCV or HIV;
 - b. The primary mode of transmission of HCV or HIV is injection drug use;
 - c. That a syringe exchange program is medically appropriate as part of the comprehensive public health response.
226. The executive/legislative body of county/municipality:
 - a. Conducts a public hearing and
 - b. Takes official action that adopts the declaration of the local health officer.
227. The executive/legislative body of county/municipality:
 - a. Notifies the State Health Commissioner of declaration;
 - b. Requests the State Health Commissioner to declare a public health emergency;
 - c. Indicates other measures taken to address the epidemic have not worked.
228. Commissioner must approve or deny within 10 days from submission.
 - a. Can request additional information extending the deadline for an additional 10 days

More information on steps local health departments and health care providers can take is found in the CDC Health Advisory at <http://emergency.cdc.gov/han/han00377.asp>.

Spotlight on Orange County, Indiana

	Orange County	Indiana
Population, 2014	19,626	6,596,855
HIV and HCV		
New HIV cases (rate per 100,000 population), 2014	<5 (*)	515 (8)
Total number of people living with HIV, 2014	14	11,547
Newly reported HCV cases (rate per 100,000 population), 2013	10 (51)	4,535 (69)
Drug overdoses and deaths		
Annual average number of drug poisoning deaths (total rate per 100,000 population), 2009-2013**	<5 (*)	966 (15)
Drug poisoning deaths per 100,000 population (rate per 100,000 pop), 2013	<5 (*)	1049 (16)
Annual average number of non-fatal emergency room visits due to opioid overdoses (total rate per 100,000 population), 2009-2013**	7 (35)	1820 (28)
Non-fatal emergency room visits due to opioid overdoses (rate per 100,000 population), 2013	8 (41)	2,157 (33)
STDs		
Chlamydia cases (rate per 100,000 population), 2013	50 (253)	28,023 (432)
Gonorrhea cases (rate per 100,000 population), 2013	<5 (*)	7,144 (110)

*Numbers less than 5, including 0.

**Drug poisoning deaths: underlying cause of death coded on death certificate as drug overdose fatality or "acute drug overdose."

HCV

HCV is spread through contact with blood of an infected person, primarily through sharing contaminated needles or injection drug use equipment (CDC fact sheet). There is no vaccine for HCV. The best way to prevent HCV infection is to never inject drugs or to stop injecting drugs by getting into and staying in a drug treatment program (CDC). People who continue to inject drugs should use new, sterile syringes each time and never reuse or share needles, water, or other drug preparation equipment. The Centers for Disease Control and Prevention (CDC) recommends HCV testing for people who inject drugs, all people living with HIV, and everyone born during 1945-1965.

Substance Abuse

People abuse substances such as drugs, alcohol, and tobacco for varied reasons. Substance abuse can have negative social, physical, mental, and public health impact on individuals, families and communities. In 2013, an estimated 9.4% of people over the age of 12 in the US engaged in illegal drug use.

Key Support Services and Staff

Disease Intervention Specialists conduct partner notification, verify treatment of infected individuals, assist infected individuals in developing risk-reduction plans, and refer for HIV Care Coordination.

HIV Care Coordinators provide an individualized plan of care that includes medical, psychosocial, financial, and other supportive services for free.

ISDH HIV Special Populations Support Program provides intensive support services to individuals diagnosed with HIV disease and chemical dependency. Services are offered throughout the state at 12 sites. For more information, call 317-233-7418.

Substance abuse and treatment services are provided by various providers in the area. For information, contact SAMHSA's National Helpline 1-800-487-4889 for 24-hour free and confidential treatment referral and information.

STD Prevention is HIV Prevention. The ISDH STD Prevention Program has opportunities for local health departments to receive test materials and medications for Chlamydia and gonorrhea. For more information, contact std@isdh.in.gov.

Key Contacts for Orange County

Disease Investigation area: District 9

Local HIV Care Coordination

Clark County Health Department
(800)828-5624

Disease Intervention Specialists

Dorothy Waterhouse (812)288-2706
Jesse Shields (812)283-2738

HIV & STD Prevention Services

Clark County Health Department

1301 Akers Ave, Jeffersonville, IN 47130
M-F 9AM-5PM, (812)288-2706

Free HIV testing M-F by appointment only
STD testing on Tuesday afternoons, \$20.00 fee

For more information, visit the ISDH HIV/STD website at: <https://secure.in.gov/isdh/17397.htm>

or contact the ISDH Local Health Department Outreach Division at

LHDinfo@isdh.in.gov (please put "County Profile" in subject line) or **317-234-6623**.

Owen County Profile

Background

In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxycodone (brand name Opana) and sharing needles.

What Local Health Departments Can Do

As the local “eyes and ears on the ground,” public health staff are critical to the identification of outbreaks. To do this, the following are important:

- Promptly report new HIV cases to the ISDH Division of HIV/STD/Viral Hepatitis.
- Promptly report new HCV cases to the ISDH Epidemiology Resources Center.
- Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
- Become familiar with local data so any increases are easily identified.
- Know who to contact for assistance and appropriate health services.

This Profile is a tool to become familiar with local data, local resources, and to assist you in the decision-making process for local syringe exchange programs.

Syringe Exchange Programs

Syringe exchange programs provide people who inject drugs with an opportunity to reduce the spread of bloodborne diseases such as HIV and HCV, use sterile syringes, share syringes less often, and safely dispose of used syringes. The programs serve to connect hard-to-reach people who inject drugs with important public health services, including HIV and HCV testing, substance abuse treatment, sexually transmitted disease (STD) screening and treatment, and risk reduction counseling.

Syringe Exchange Law in Indiana (<https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251>)

In May, a new law went into effect to allow local health departments and law enforcement to work together to start a syringe exchange program in their counties if the following criteria are met:

229. Local health officer declares to county/municipality:
 - a. There is an epidemic of HCV or HIV;
 - b. The primary mode of transmission of HCV or HIV is injection drug use;
 - c. That a syringe exchange program is medically appropriate as part of the comprehensive public health response.
230. The executive/legislative body of county/municipality:
 - a. Conducts a public hearing and
 - b. Takes official action that adopts the declaration of the local health officer.
231. The executive/legislative body of county/municipality:
 - a. Notifies the State Health Commissioner of declaration;
 - b. Requests the State Health Commissioner to declare a public health emergency;
 - c. Indicates other measures taken to address the epidemic have not worked.
232. Commissioner must approve or deny within 10 days from submission.
 - a. Can request additional information extending the deadline for an additional 10 days

More information on steps local health departments and health care providers can take is found in the CDC Health Advisory at <http://emergency.cdc.gov/han/han00377.asp>.

Spotlight on Owen County, Indiana

	Owen County	Indiana
Population, 2014	20,969	6,596,855
HIV and HCV		
New HIV cases (rate per 100,000 population), 2014	<5 (*)	515 (8)
Total number of people living with HIV, 2014	18	11,547
Newly reported HCV cases (rate per 100,000 population), 2013	11 (52)	4,535 (69)
Drug overdoses and deaths		
Annual average number of drug poisoning deaths (total rate per 100,000 population), 2009-2013**	<5 (*)	966 (15)
Drug poisoning deaths per 100,000 population (rate per 100,000 pop), 2013	<5 (*)	1049 (16)
Annual average number of non-fatal emergency room visits due to opioid overdoses (total rate per 100,000 population), 2009-2013**	<5 (*)	1820 (28)
Non-fatal emergency room visits due to opioid overdoses (rate per 100,000 population), 2013	10 (47)	2,157 (33)
STDs		
Chlamydia cases (rate per 100,000 population), 2013	45 (212)	28,023 (432)
Gonorrhea cases (rate per 100,000 population), 2013	<5 (*)	7,144 (110)

*Numbers less than 5, including 0.

**Drug poisoning deaths: underlying cause of death coded on death certificate as drug overdose fatality or "acute drug overdose."

HCV

HCV is spread through contact with blood of an infected person, primarily through sharing contaminated needles or injection drug use equipment (CDC fact sheet). There is no vaccine for HCV. The best way to prevent HCV infection is to never inject drugs or to stop injecting drugs by getting into and staying in a drug treatment program (CDC). People who continue to inject drugs should use new, sterile syringes each time and never reuse or share needles, water, or other drug preparation equipment. The Centers for Disease Control and Prevention (CDC) recommends HCV testing for people who inject drugs, all people living with HIV, and everyone born during 1945-1965.

Substance Abuse

People abuse substances such as drugs, alcohol, and tobacco for varied reasons. Substance abuse can have negative social, physical, mental, and public health impact on individuals, families and communities. In 2013, an estimated 9.4% of people over the age of 12 in the US engaged in illegal drug use.

Key Support Services and Staff

Disease Intervention Specialists conduct partner notification, verify treatment of infected individuals, assist infected individuals in developing risk-reduction plans, and refer for HIV Care Coordination.

HIV Care Coordinators provide an individualized plan of care that includes medical, psychosocial, financial, and other supportive services for free.

ISDH HIV Special Populations Support Program provides intensive support services to individuals diagnosed with HIV disease and chemical dependency. Services are offered throughout the state at 12 sites. For more information, call 317-233-7418.

Substance abuse and treatment services are provided by various providers in the area. For information, contact SAMHSA's National Helpline 1-800-487-4889 for 24-hour free and confidential treatment referral and information.

STD Prevention is HIV Prevention. The ISDH STD Prevention Program has opportunities for local health departments to receive test materials and medications for Chlamydia and gonorrhea. For more information, contact std@isdh.in.gov.

Key Contacts for Owen County

Disease Investigation area: District 7

Local HIV Care Coordination

Positive Link IU Bloomington
(800)313-4645

Disease Intervention Specialists

Julie Hartley (812)349-2829
Miranda Ettinger

HIV & STD Prevention Services

Futures Family Planning Clinic

119 W. 7th St Lower Level, Bloomington, IN 47404
812-341-7343

Low cost, sliding scale fees
Please call for appointment

Patients must be Family Planning client or eligible to become one

For more information, visit the ISDH HIV/STD website at: <https://secure.in.gov/isdh/17397.htm>

or contact the ISDH Local Health Department Outreach Division at

LHDinfo@isdh.in.gov (please put "County Profile" in subject line) or 317-234-6623.

Parke County Profile

Background

In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxycodone (brand name Opana) and sharing needles.

What Local Health Departments Can Do

As the local “eyes and ears on the ground,” public health staff are critical to the identification of outbreaks. To do this, the following are important:

- Promptly report new HIV cases to the ISDH Division of HIV/STD/Viral Hepatitis.
- Promptly report new HCV cases to the ISDH Epidemiology Resources Center.
- Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
- Become familiar with local data so any increases are easily identified.
- Know who to contact for assistance and appropriate health services.

This Profile is a tool to become familiar with local data, local resources, and to assist you in the decision-making process for local syringe exchange programs.

Syringe Exchange Programs

Syringe exchange programs provide people who inject drugs with an opportunity to reduce the spread of bloodborne diseases such as HIV and HCV, use sterile syringes, share syringes less often, and safely dispose of used syringes. The programs serve to connect hard-to-reach people who inject drugs with important public health services, including HIV and HCV testing, substance abuse treatment, sexually transmitted disease (STD) screening and treatment, and risk reduction counseling.

Syringe Exchange Law in Indiana (<https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251>)

In May, a new law went into effect to allow local health departments and law enforcement to work together to start a syringe exchange program in their counties if the following criteria are met:

233. Local health officer declares to county/municipality:
 - a. There is an epidemic of HCV or HIV;
 - b. The primary mode of transmission of HCV or HIV is injection drug use;
 - c. That a syringe exchange program is medically appropriate as part of the comprehensive public health response.
234. The executive/legislative body of county/municipality:
 - a. Conducts a public hearing and
 - b. Takes official action that adopts the declaration of the local health officer.
235. The executive/legislative body of county/municipality:
 - a. Notifies the State Health Commissioner of declaration;
 - b. Requests the State Health Commissioner to declare a public health emergency;
 - c. Indicates other measures taken to address the epidemic have not worked.
236. Commissioner must approve or deny within 10 days from submission.
 - a. Can request additional information extending the deadline for an additional 10 days

More information on steps local health departments and health care providers can take is found in the CDC Health Advisory at <http://emergency.cdc.gov/han/han00377.asp>.

Spotlight on Parke County, Indiana

	Parke County	Indiana
Population, 2014	17,233	6,596,855
HIV and HCV		
New HIV cases (rate per 100,000 population), 2014	<5 (*)	515 (8)
Total number of people living with HIV, 2014	21	11,547
Newly reported HCV cases (rate per 100,000 population), 2013+	253 (1468)	4,535 (69)
Drug overdoses and deaths		
Annual average number of drug poisoning deaths (total rate per 100,000 population), 2009-2013**	<5 (*)	966 (15)
Drug poisoning deaths per 100,000 population (rate per 100,000 pop), 2013	<5 (*)	1049 (16)
Annual average number of non-fatal emergency room visits due to opioid overdoses (total rate per 100,000 population), 2009-2013**	<5 (*)	1820 (28)
Non-fatal emergency room visits due to opioid overdoses (rate per 100,000 population), 2013	<5 (*)	2,157 (33)
STDs		
Chlamydia cases (rate per 100,000 population), 2013	125 (726)	28,023 (432)
Gonorrhea cases (rate per 100,000 population), 2013	12 (70)	7,144 (110)

*Numbers less than 5, including 0.

**Drug poisoning deaths: underlying cause of death coded on death certificate as drug overdose fatality or "acute drug overdose."

+ Includes Department of Corrections cases.

HCV

HCV is spread through contact with blood of an infected person, primarily through sharing contaminated needles or injection drug use equipment (CDC fact sheet). There is no vaccine for HCV. The best way to prevent HCV infection is to never inject drugs or to stop injecting drugs by getting into and staying in a drug treatment program (CDC). People who continue to inject drugs should use new, sterile syringes each time and never reuse or share needles, water, or other drug preparation equipment. The Centers for Disease Control and Prevention (CDC) recommends HCV testing for people who inject drugs, all people living with HIV, and everyone born during 1945-1965.

Substance Abuse

People abuse substances such as drugs, alcohol, and tobacco for varied reasons. Substance abuse can have negative social, physical, mental, and public health impact on individuals, families and communities. In 2013, an estimated 9.4% of people over the age of 12 in the US engaged in illegal drug use.

Key Support Services and Staff

Disease Intervention Specialists conduct partner notification, verify treatment of infected individuals, assist infected individuals in developing risk-reduction plans, and refer for HIV Care Coordination.

HIV Care Coordinators provide an individualized plan of care that includes medical, psychosocial, financial, and other supportive services for free.

ISDH HIV Special Populations Support Program provides intensive support services to individuals diagnosed with HIV disease and chemical dependency. Services are offered throughout the state at 12 sites. For more information, call 317-233-7418.

Substance abuse and treatment services are provided by various providers in the area. For information, contact SAMHSA's National Helpline 1-800-487-4889 for 24-hour free and confidential treatment referral and information.

STD Prevention is HIV Prevention. The ISDH STD Prevention Program has opportunities for local health departments to receive test materials and medications for Chlamydia and gonorrhea. For more information, contact std@isdh.in.gov.

Key Contacts for Parke County

Disease Investigation area: District 7

Local HIV Care Coordination

Positive Link IU Bloomington
(800)313-4645

Disease Intervention Specialists

Julie Hartley (812)349-2829
Miranda Ettinger

HIV & STD Prevention Services

Crisis Pregnancy Center of Terre Haute

1527 Poplar St, Terre Haute, IN 47807
(812)234-8059

Free or inexpensive STD/HIV testing and treatment

Terre Haute Health Connections

500 Hospital Ln #101, Terre Haute, 47802 (812)234-0707
Low Cost, sliding scale fees, Must be family planning patient or willing to become one

For more information, visit the ISDH HIV/STD website at: <https://secure.in.gov/isdh/17397.htm>

or contact the ISDH Local Health Department Outreach Division at

LHDinfo@isdh.in.gov (please put "County Profile" in subject line) or 317-234-6623.

Perry County Profile

Background

In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxycodone (brand name Opana) and sharing needles.

What Local Health Departments Can Do

As the local “eyes and ears on the ground,” public health staff are critical to the identification of outbreaks. To do this, the following are important:

- Promptly report new HIV cases to the ISDH Division of HIV/STD/Viral Hepatitis.
- Promptly report new HCV cases to the ISDH Epidemiology Resources Center.
- Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
- Become familiar with local data so any increases are easily identified.
- Know who to contact for assistance and appropriate health services.

This Profile is a tool to become familiar with local data, local resources, and to assist you in the decision-making process for local syringe exchange programs.

Syringe Exchange Programs

Syringe exchange programs provide people who inject drugs with an opportunity to reduce the spread of bloodborne diseases such as HIV and HCV, use sterile syringes, share syringes less often, and safely dispose of used syringes. The programs serve to connect hard-to-reach people who inject drugs with important public health services, including HIV and HCV testing, substance abuse treatment, sexually transmitted disease (STD) screening and treatment, and risk reduction counseling.

Syringe Exchange Law in Indiana (<https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251>)

In May, a new law went into effect to allow local health departments and law enforcement to work together to start a syringe exchange program in their counties if the following criteria are met:

237. Local health officer declares to county/municipality:
 - a. There is an epidemic of HCV or HIV;
 - b. The primary mode of transmission of HCV or HIV is injection drug use;
 - c. That a syringe exchange program is medically appropriate as part of the comprehensive public health response.
238. The executive/legislative body of county/municipality:
 - a. Conducts a public hearing and
 - b. Takes official action that adopts the declaration of the local health officer.
239. The executive/legislative body of county/municipality:
 - a. Notifies the State Health Commissioner of declaration;
 - b. Requests the State Health Commissioner to declare a public health emergency;
 - c. Indicates other measures taken to address the epidemic have not worked.
240. Commissioner must approve or deny within 10 days from submission.
 - a. Can request additional information extending the deadline for an additional 10 days

More information on steps local health departments and health care providers can take is found in the CDC Health Advisory at <http://emergency.cdc.gov/han/han00377.asp>.

Spotlight on Perry County, Indiana

	Perry County	Indiana
Population, 2014	19,454	6,596,855
HIV and HCV		
New HIV cases (rate per 100,000 population), 2014	<5 (*)	515 (8)
Total number of people living with HIV, 2014	11	11,547
Newly reported HCV cases (rate per 100,000 population), 2013+	14 (72)	4,535 (69)
Drug overdoses and deaths		
Annual average number of drug poisoning deaths (total rate per 100,000 population), 2009-2013**	<5 (*)	966 (15)
Drug poisoning deaths per 100,000 population (rate per 100,000 pop), 2013	<5 (*)	1049 (16)
Annual average number of non-fatal emergency room visits due to opioid overdoses (total rate per 100,000 population), 2009-2013**	5 (27)	1820 (28)
Non-fatal emergency room visits due to opioid overdoses (rate per 100,000 population), 2013	5 (26)	2,157 (33)
STDs		
Chlamydia cases (rate per 100,000 population), 2013	36 (185)	28,023 (432)
Gonorrhea cases (rate per 100,000 population), 2013	<5 (*)	7,144 (110)

*Numbers less than 5, including 0.

**Drug poisoning deaths: underlying cause of death coded on death certificate as drug overdose fatality or "acute drug overdose."

+Includes Department of Corrections cases

HCV

HCV is spread through contact with blood of an infected person, primarily through sharing contaminated needles or injection drug use equipment (CDC fact sheet). There is no vaccine for HCV. The best way to prevent HCV infection is to never inject drugs or to stop injecting drugs by getting into and staying in a drug treatment program (CDC). People who continue to inject drugs should use new, sterile syringes each time and never reuse or share needles, water, or other drug preparation equipment. The Centers for Disease Control and Prevention (CDC) recommends HCV testing for people who inject drugs, all people living with HIV, and everyone born during 1945-1965.

Substance Abuse

People abuse substances such as drugs, alcohol, and tobacco for varied reasons. Substance abuse can have negative social, physical, mental, and public health impact on individuals, families and communities. In 2013, an estimated 9.4% of people over the age of 12 in the US engaged in illegal drug use.

Key Support Services and Staff

Disease Intervention Specialists conduct partner notification, verify treatment of infected individuals, assist infected individuals in developing risk-reduction plans, and refer for HIV Care Coordination.

HIV Care Coordinators provide an individualized plan of care that includes medical, psychosocial, financial, and other supportive services for free.

ISDH HIV Special Populations Support Program provides intensive support services to individuals diagnosed with HIV disease and chemical dependency. Services are offered throughout the state at 12 sites. For more information, call 317-233-7418.

Substance abuse and treatment services are provided by various providers in the area. For information, contact SAMHSA's National Helpline 1-800-487-4889 for 24-hour free and confidential treatment referral and information.

STD Prevention is HIV Prevention. The ISDH STD Prevention Program has opportunities for local health departments to receive test materials and medications for Chlamydia and gonorrhea. For more information, contact std@isdh.in.gov.

Key Contacts for Perry County

Disease Investigation area: District 8

Local HIV Care Coordination

AIDS Resource Group of Evansville
(800)423-6255

Disease Intervention Specialists

Wallace Corbitt, 812-435-5683
Wallace Paynter
Ashlee Stone Neighbors

HIV & STD Prevention Services

Perry County Health Department

125 S. 8th St., Cannelton, IN 47520
(812)547-2746
STD testing available

Vanderburgh County Health Department Clinic

420 Mulberry St., Evansville, IN, 47713
(812)435-5683
\$20.00 Exam for STDs and HIV, \$10.00 treatment

For more information, visit the ISDH HIV/STD website at: <https://secure.in.gov/isdh/17397.htm>

or contact the ISDH Local Health Department Outreach Division at

LHDinfo@isdh.in.gov (please put "County Profile" in subject line) or 317-234-6623.

Pike County Profile

Background

In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxycodone (brand name Opana) and sharing needles.

What Local Health Departments Can Do

As the local “eyes and ears on the ground,” public health staff are critical to the identification of outbreaks. To do this, the following are important:

- Promptly report new HIV cases to the ISDH Division of HIV/STD/Viral Hepatitis.
- Promptly report new HCV cases to the ISDH Epidemiology Resources Center.
- Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
- Become familiar with local data so any increases are easily identified.
- Know who to contact for assistance and appropriate health services.

This Profile is a tool to become familiar with local data, local resources, and to assist you in the decision-making process for local syringe exchange programs.

Syringe Exchange Programs

Syringe exchange programs provide people who inject drugs with an opportunity to reduce the spread of bloodborne diseases such as HIV and HCV, use sterile syringes, share syringes less often, and safely dispose of used syringes. The programs serve to connect hard-to-reach people who inject drugs with important public health services, including HIV and HCV testing, substance abuse treatment, sexually transmitted disease (STD) screening and treatment, and risk reduction counseling.

Syringe Exchange Law in Indiana (<https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251>)

In May, a new law went into effect to allow local health departments and law enforcement to work together to start a syringe exchange program in their counties if the following criteria are met:

241. Local health officer declares to county/municipality:
 - a. There is an epidemic of HCV or HIV;
 - b. The primary mode of transmission of HCV or HIV is injection drug use;
 - c. That a syringe exchange program is medically appropriate as part of the comprehensive public health response.
242. The executive/legislative body of county/municipality:
 - a. Conducts a public hearing and
 - b. Takes official action that adopts the declaration of the local health officer.
243. The executive/legislative body of county/municipality:
 - a. Notifies the State Health Commissioner of declaration;
 - b. Requests the State Health Commissioner to declare a public health emergency;
 - c. Indicates other measures taken to address the epidemic have not worked.
244. Commissioner must approve or deny within 10 days from submission.
 - a. Can request additional information extending the deadline for an additional 10 days

More information on steps local health departments and health care providers can take is found in the CDC Health Advisory at <http://emergency.cdc.gov/han/han00377.asp>.

Spotlight on Pike County, Indiana

	Pike County	Indiana
Population, 2014	12,624	6,596,855
HIV and HCV		
New HIV cases (rate per 100,000 population), 2014	<5 (*)	515 (8)
Total number of people living with HIV, 2014	8	11,547
Newly reported HCV cases (rate per 100,000 population), 2013	5 (39)	4,535 (69)
Drug overdoses and deaths		
Annual average number of drug poisoning deaths (total rate per 100,000 population), 2009-2013**	<5 (*)	966 (15)
Drug poisoning deaths per 100,000 population (rate per 100,000 pop), 2013	<5 (*)	1049 (16)
Annual average number of non-fatal emergency room visits due to opioid overdoses (total rate per 100,000 population), 2009-2013**	<5 (*)	1820 (28)
Non-fatal emergency room visits due to opioid overdoses (rate per 100,000 population), 2013	<5 (*)	2,157 (33)
STDs		
Chlamydia cases (rate per 100,000 population), 2013	24 (189)	28,023 (432)
Gonorrhea cases (rate per 100,000 population), 2013	<5 (*)	7,144 (110)

*Numbers less than 5, including 0.

**Drug poisoning deaths: underlying cause of death coded on death certificate as drug overdose fatality or "acute drug overdose."

HCV

HCV is spread through contact with blood of an infected person, primarily through sharing contaminated needles or injection drug use equipment (CDC fact sheet). There is no vaccine for HCV. The best way to prevent HCV infection is to never inject drugs or to stop injecting drugs by getting into and staying in a drug treatment program (CDC). People who continue to inject drugs should use new, sterile syringes each time and never reuse or share needles, water, or other drug preparation equipment. The Centers for Disease Control and Prevention (CDC) recommends HCV testing for people who inject drugs, all people living with HIV, and everyone born during 1945-1965.

Substance Abuse

People abuse substances such as drugs, alcohol, and tobacco for varied reasons. Substance abuse can have negative social, physical, mental, and public health impact on individuals, families and communities. In 2013, an estimated 9.4% of people over the age of 12 in the US engaged in illegal drug use.

Key Support Services and Staff

Disease Intervention Specialists conduct partner notification, verify treatment of infected individuals, assist infected individuals in developing risk-reduction plans, and refer for HIV Care Coordination.

HIV Care Coordinators provide an individualized plan of care that includes medical, psychosocial, financial, and other supportive services for free.

ISDH HIV Special Populations Support Program provides intensive support services to individuals diagnosed with HIV disease and chemical dependency. Services are offered throughout the state at 12 sites. For more information, call 317-233-7418.

Substance abuse and treatment services are provided by various providers in the area. For information, contact SAMHSA's National Helpline 1-800-487-4889 for 24-hour free and confidential treatment referral and information.

STD Prevention is HIV Prevention. The ISDH STD Prevention Program has opportunities for local health departments to receive test materials and medications for Chlamydia and gonorrhea. For more information, contact std@isdh.in.gov.

Key Contacts for Pike County

Disease Investigation area: District 8

Local HIV Care Coordination

AIDS Resource Group of Evansville
(800)423-6255

Disease Intervention Specialists

Wallace Corbitt, 812-435-5683
Wallace Paynter
Ashlee Stone Neighbors

HIV & STD Prevention Services

Pace Health Connection

715 Wabash Ave, Vincennes, IN, 47591
(812)882-6069

Sliding Scale based on income, Family Planning Services, STD & HIV testing available

For more information, visit the ISDH HIV/STD website at: <https://secure.in.gov/isdh/17397.htm>

or contact the ISDH Local Health Department Outreach Division at

LHDinfo@isdh.in.gov (please put "County Profile" in subject line) or **317-234-6623**.

Porter County Profile

Background

In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxycodone (brand name Opana) and sharing needles.

What Local Health Departments Can Do

As the local “eyes and ears on the ground,” public health staff are critical to the identification of outbreaks. To do this, the following are important:

- Promptly report new HIV cases to the ISDH Division of HIV/STD/Viral Hepatitis.
- Promptly report new HCV cases to the ISDH Epidemiology Resources Center.
- Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
- Become familiar with local data so any increases are easily identified.
- Know who to contact for assistance and appropriate health services.

This Profile is a tool to become familiar with local data, local resources, and to assist you in the decision-making process for local syringe exchange programs.

Syringe Exchange Programs

Syringe exchange programs provide people who inject drugs with an opportunity to reduce the spread of bloodborne diseases such as HIV and HCV, use sterile syringes, share syringes less often, and safely dispose of used syringes. The programs serve to connect hard-to-reach people who inject drugs with important public health services, including HIV and HCV testing, substance abuse treatment, sexually transmitted disease (STD) screening and treatment, and risk reduction counseling.

Syringe Exchange Law in Indiana (<https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251>)

In May, a new law went into effect to allow local health departments and law enforcement to work together to start a syringe exchange program in their counties if the following criteria are met:

245. Local health officer declares to county/municipality:
 - a. There is an epidemic of HCV or HIV;
 - b. The primary mode of transmission of HCV or HIV is injection drug use;
 - c. That a syringe exchange program is medically appropriate as part of the comprehensive public health response.
246. The executive/legislative body of county/municipality:
 - a. Conducts a public hearing and
 - b. Takes official action that adopts the declaration of the local health officer.
247. The executive/legislative body of county/municipality:
 - a. Notifies the State Health Commissioner of declaration;
 - b. Requests the State Health Commissioner to declare a public health emergency;
 - c. Indicates other measures taken to address the epidemic have not worked.
248. Commissioner must approve or deny within 10 days from submission.
 - a. Can request additional information extending the deadline for an additional 10 days

More information on steps local health departments and health care providers can take is found in the CDC Health Advisory at <http://emergency.cdc.gov/han/han00377.asp>.

Spotlight on Porter County, Indiana

	Porter County	Indiana
Population, 2014	167,076	6,596,855
HIV and HCV		
New HIV cases (rate per 100,000 population), 2014	<5 (*)	515 (8)
Total number of people living with HIV, 2014	164	11,547
Newly reported HCV cases (rate per 100,000 population), 2013	43 (26)	4,535 (69)
Drug overdoses and deaths		
Annual average number of drug poisoning deaths (total rate per 100,000 population), 2009-2013**	27 (17)	966 (15)
Drug poisoning deaths per 100,000 population (rate per 100,000 pop), 2013	36 (22)	1049 (16)
Annual average number of non-fatal emergency room visits due to opioid overdoses (total rate per 100,000 population), 2009-2013**	45 (28)	1820 (28)
Non-fatal emergency room visits due to opioid overdoses (rate per 100,000 population), 2013	51 (31)	2,157 (33)
STDs		
Chlamydia cases (rate per 100,000 population), 2013	374 (225)	28,023 (432)
Gonorrhea cases (rate per 100,000 population), 2013	30 (18)	7,144 (110)

*Numbers less than 5, including 0.

**Drug poisoning deaths: underlying cause of death coded on death certificate as drug overdose fatality or "acute drug overdose."

HCV

HCV is spread through contact with blood of an infected person, primarily through sharing contaminated needles or injection drug use equipment (CDC fact sheet). There is no vaccine for HCV. The best way to prevent HCV infection is to never inject drugs or to stop injecting drugs by getting into and staying in a drug treatment program (CDC). People who continue to inject drugs should use new, sterile syringes each time and never reuse or share needles, water, or other drug preparation equipment. The Centers for Disease Control and Prevention (CDC) recommends HCV testing for people who inject drugs, all people living with HIV, and everyone born during 1945-1965.

Key Contacts for Porter County Disease Investigation area: District 1

Local HIV Care Coordination

Aliveness Project, (800)293-7312

Disease Intervention Specialists

Aquanette Hudson (219)239-2313
Velzie Fuller

Substance Abuse

People abuse substances such as drugs, alcohol, and tobacco for varied reasons. Substance abuse can have negative social, physical, mental, and public health impact on individuals, families and communities. In 2013, an estimated 9.4% of people over the age of 12 in the US engaged in illegal drug use.

Key Support Services and Staff

Disease Intervention Specialists conduct partner notification, verify treatment of infected individuals, assist infected individuals in developing risk-reduction plans, and refer for HIV Care Coordination.

HIV Care Coordinators provide an individualized plan of care that includes medical, psychosocial, financial, and other supportive services for free.

ISDH HIV Special Populations Support Program provides intensive support services to individuals diagnosed with HIV disease and chemical dependency. Services are offered throughout the state at 12 sites. For more information, call 317-233-7418.

Substance abuse and treatment services are provided by various providers in the area. For information, contact SAMHSA's National Helpline 1-800-487-4889 for 24-hour free and confidential treatment referral and information.

STD Prevention is HIV Prevention. The ISDH STD Prevention Program has opportunities for local health departments to receive test materials and medications for Chlamydia and gonorrhea. For more information, contact std@isdh.in.gov.

HIV & STD Prevention Services

Porter County Health Department (two offices)

*Portage: Portage Medical Annex, 3510 Willowcreek Rd, Suite 2, Portage, IN 46368
(219)759-8239, to make an appointment*

*Valparaiso Office: Porter County Administration Center, 155 Indiana Ave, Suite 104, Valparaiso, IN 46383
(219)465-3525 to make an appointment*

Service fee is \$10.00

For more information, visit the ISDH HIV/STD website at: <https://secure.in.gov/isdh/17397.htm>

or contact the ISDH Local Health Department Outreach Division at

LHDinfo@isdh.in.gov (please put "County Profile" in subject line) or **317-234-6623**.

Posey County Profile

Background

In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxycodone (brand name Opana) and sharing needles.

What Local Health Departments Can Do

As the local “eyes and ears on the ground,” public health staff are critical to the identification of outbreaks. To do this, the following are important:

- Promptly report new HIV cases to the ISDH Division of HIV/STD/Viral Hepatitis.
- Promptly report new HCV cases to the ISDH Epidemiology Resources Center.
- Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
- Become familiar with local data so any increases are easily identified.
- Know who to contact for assistance and appropriate health services.

This Profile is a tool to become familiar with local data, local resources, and to assist you in the decision-making process for local syringe exchange programs.

Syringe Exchange Programs

Syringe exchange programs provide people who inject drugs with an opportunity to reduce the spread of bloodborne diseases such as HIV and HCV, use sterile syringes, share syringes less often, and safely dispose of used syringes. The programs serve to connect hard-to-reach people who inject drugs with important public health services, including HIV and HCV testing, substance abuse treatment, sexually transmitted disease (STD) screening and treatment, and risk reduction counseling.

Syringe Exchange Law in Indiana (<https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251>)

In May, a new law went into effect to allow local health departments and law enforcement to work together to start a needle exchange program in their counties if the following criteria are met:

249. Local health officer declares to county/municipality:
 - a. There is an epidemic of HCV or HIV;
 - b. The primary mode of transmission of HCV or HIV is injection drug use;
 - c. That a Syringe Exchange Program is medically appropriate as part of the comprehensive public health response.
250. The executive/legislative body of county/municipality:
 - a. Conducts a public hearing and
 - b. Takes official action that adopts the declaration of the local health officer.
251. The executive/legislative body of county/municipality:
 - a. Notifies the State Health Commissioner of declaration;
 - b. Requests the State Health Commissioner to declare a public health emergency;
 - c. Indicates other measures taken to address the epidemic have not worked.
252. Commissioner must approve or deny within 10 days from submission.
 - a. Can request additional information extending the deadline for an additional 10 days

More information on steps local health departments and health care providers can take is found in the CDC Health Advisory at <http://emergency.cdc.gov/han/han00377.asp>.

Spotlight on Posey County, Indiana

	Posey County	Indiana
Population, 2014	25,540	6,596,855
HIV and HCV		
New HIV cases (rate per 100,000 population), 2014	<5 (*)	515 (8)
Total number of people living with HIV, 2014	11	11,547
Newly reported HCV cases (rate per 100,000 population), 2013	8 (31)	4,535 (69)
Drug overdoses and deaths		
Annual average number of drug poisoning deaths (total rate per 100,000 population), 2009-2013*	<5 (*)	966 (15)
Drug poisoning deaths per 100,000 population (rate per 100,000 pop), 2013	<5 (*)	1049 (16)
Annual average number of non-fatal emergency room visits due to opioid overdoses (total rate per 100,000 population), 2009-2013*	<5 (*)	1820 (28)
Non-fatal emergency room visits due to opioid overdoses (rate per 100,000 population), 2013	<5 (*)	2,157 (33)
STDs		
Chlamydia cases (rate per 100,000 population), 2013	47 (184)	28,023 (432)
Gonorrhea cases (rate per 100,000 population), 2013	<5 (*)	7,144 (110)

*Numbers less than 5, including 0.

**Drug poisoning deaths: underlying cause of death coded on death certificate as drug overdose fatality or "acute drug overdose."

HCV

HCV is spread through contact with blood of an infected person, primarily through sharing contaminated needles or injection drug use equipment (CDC fact sheet). There is no vaccine for HCV. The best way to prevent HCV infection is to never inject drugs or to stop injecting drugs by getting into and staying in a drug treatment program (CDC). People who continue to inject drugs should use new, sterile syringes each time and never reuse or share needles, water, or other drug preparation equipment. The Centers for Disease Control and Prevention (CDC) recommends HCV testing for people who inject drugs, all people living with HIV, and everyone born during 1945-1965.

Substance Abuse

People abuse substances such as drugs, alcohol, and tobacco for varied reasons. Substance abuse can have negative social, physical, mental, and public health impact on individuals, families and communities. In 2013, an estimated 9.4% of people over the age of 12 in the US engaged in illegal drug use.

Key Support Services and Staff

Disease Intervention Specialists conduct partner notification, verify treatment of infected individuals, assist infected individuals in developing risk-reduction plans, and refer for HIV Care Coordination.

HIV Care Coordinators provide an individualized plan of care that includes medical, psychosocial, financial, and other supportive services for free.

ISDH HIV Special Populations Support Program provides intensive support services to individuals diagnosed with HIV disease and chemical dependency. Services are offered throughout the state at 12 sites. For more information, call 317-233-7418.

Substance abuse and treatment services are provided by various providers in the area. For information, contact SAMHSA's National Helpline 1-800-487-4889 for 24-hour free and confidential treatment referral and information.

STD Prevention is HIV Prevention. The ISDH STD Prevention Program has opportunities for local health departments to receive test materials and medications for Chlamydia and gonorrhea. For more information, contact std@isdh.in.gov.

Key Contacts for Posey County

Disease Investigation area: District 8

Local HIV Care Coordination

AIDS Resource Group of Evansville
(800)423-6255

Disease Intervention Specialists

Wallace Corbitt, 812-435-5683
Wallace Paynter
Ashlee Stone Neighbors

HIV & STD Prevention Services

Vanderburgh County Health Department Clinic

420 Mulberry St., Evansville, IN, 47713

(812)435-5683

\$20.00 Exam for STDs and HIV, \$10.00 treatment

For more information, visit the ISDH HIV/STD website at: <https://secure.in.gov/isdh/17397.htm>

or contact the ISDH Local Health Department Outreach Division at

LHDinfo@isdh.in.gov (please put "County Profile" in subject line) or 317-234-6623.

Pulaski County Profile

Background

In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxycodone (brand name Opana) and sharing needles.

What Local Health Departments Can Do

As the local “eyes and ears on the ground,” public health staff are critical to the identification of outbreaks. To do this, the following are important:

- Promptly report new HIV cases to the ISDH Division of HIV/STD/Viral Hepatitis.
- Promptly report new HCV cases to the ISDH Epidemiology Resources Center.
- Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
- Become familiar with local data so any increases are easily identified.
- Know who to contact for assistance and appropriate health services.

This Profile is a tool to become familiar with local data, local resources, and to assist you in the decision-making process for local syringe exchange programs.

Syringe Exchange Programs

Syringe exchange programs provide people who inject drugs with an opportunity to reduce the spread of bloodborne diseases such as HIV and HCV, use sterile syringes, share syringes less often, and safely dispose of used syringes. The programs serve to connect hard-to-reach people who inject drugs with important public health services, including HIV and HCV testing, substance abuse treatment, sexually transmitted disease (STD) screening and treatment, and risk reduction counseling.

Syringe Exchange Law in Indiana (<https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251>)

In May, a new law went into effect to allow local health departments and law enforcement to work together to start a needle exchange program in their counties if the following criteria are met:

253. Local health officer declares to county/municipality:
 - a. There is an epidemic of HCV or HIV;
 - b. The primary mode of transmission of HCV or HIV is injection drug use;
 - c. That a Syringe Exchange Program is medically appropriate as part of the comprehensive public health response.
254. The executive/legislative body of county/municipality:
 - a. Conducts a public hearing and
 - b. Takes official action that adopts the declaration of the local health officer.
255. The executive/legislative body of county/municipality:
 - a. Notifies the State Health Commissioner of declaration;
 - b. Requests the State Health Commissioner to declare a public health emergency;
 - c. Indicates other measures taken to address the epidemic have not worked.
256. Commissioner must approve or deny within 10 days from submission.
 - a. Can request additional information extending the deadline for an additional 10 days

More information on steps local health departments and health care providers can take is found in the CDC Health Advisory at <http://emergency.cdc.gov/han/han00377.asp>.

Spotlight on Pulaski, Indiana

	Pulaski County	Indiana
Population, 2014	33,475	6,596,855
HIV and HCV		
New HIV cases (rate per 100,000 population), 2014	<5 (*)	515 (8)
Total number of people living with HIV, 2014	5	11,547
Newly reported HCV cases (rate per 100,000 population), 2013	8 (62)	4,535 (69)
Drug overdoses and deaths		
Annual average number of drug poisoning deaths (total rate per 100,000 population), 2009-2013**	<5 (*)	966 (15)
Drug poisoning deaths per 100,000 population (rate per 100,000 pop), 2013	<5 (*)	1049 (16)
Annual average number of non-fatal emergency room visits due to opioid overdoses (total rate per 100,000 population), 2009-2013**	8 (66)	1820 (28)
Non-fatal emergency room visits due to opioid overdoses (rate per 100,000 population), 2013	9 (69)	2,157 (33)
STDs		
Chlamydia cases (rate per 100,000 population), 2013	15 (115)	28,023 (432)
Gonorrhea cases (rate per 100,000 population), 2013	<5 (*)	7,144 (110)

*Numbers less than 5, including 0.

**Drug poisoning deaths: underlying cause of death coded on death certificate as drug overdose fatality or "acute drug overdose."

HCV

HCV is spread through contact with blood of an infected person, primarily through sharing contaminated needles or injection drug use equipment (CDC fact sheet). There is no vaccine for HCV. The best way to prevent HCV infection is to never inject drugs or to stop injecting drugs by getting into and staying in a drug treatment program (CDC). People who continue to inject drugs should use new, sterile syringes each time and never reuse or share needles, water, or other drug preparation equipment. The Centers for Disease Control and Prevention (CDC) recommends HCV testing for people who inject drugs, all people living with HIV, and everyone born during 1945-1965.

Substance Abuse

People abuse substances such as drugs, alcohol, and tobacco for varied reasons. Substance abuse can have negative social, physical, mental, and public health impact on individuals, families and communities. In 2013, an estimated 9.4% of people over the age of 12 in the US engaged in illegal drug use.

Key Support Services and Staff

Disease Intervention Specialists conduct partner notification, verify treatment of infected individuals, assist infected individuals in developing risk-reduction plans, and refer for HIV Care Coordination.

HIV Care Coordinators provide an individualized plan of care that includes medical, psychosocial, financial, and other supportive services for free.

ISDH HIV Special Populations Support Program provides intensive support services to individuals diagnosed with HIV disease and chemical dependency. Services are offered throughout the state at 12 sites. For more information, call 317-233-7418.

Substance abuse and treatment services are provided by various providers in the area. For information, contact SAMHSA's National Helpline 1-800-487-4889 for 24-hour free and confidential treatment referral and information.

STD Prevention is HIV Prevention. The ISDH STD Prevention Program has opportunities for local health departments to receive test materials and medications for Chlamydia and gonorrhea. For more information, contact std@isdh.in.gov.

Key Contacts for Pulaski County

Disease Investigation area: District 1

Local HIV Care Coordination

AIDS Assist (800)388-2437

Disease Intervention Specialists

Aquanette Hudson (219)239-2313
Velzie Fuller

HIV & STD Prevention Services

Knox Winamac Community Health center

1002 Edgewood Dr., Knox, IN 46534
(574)772-0855

For more information, visit the ISDH HIV/STD website at: <https://secure.in.gov/isdh/17397.htm>

or contact the ISDH Local Health Department Outreach Division at

LHDinfo@isdh.in.gov (please put "County Profile" in subject line) or 317-234-6623.

Putnam County Profile

Background

In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxycodone (brand name Opana) and sharing needles.

What Local Health Departments Can Do

As the local “eyes and ears on the ground,” public health staff are critical to the identification of outbreaks. To do this, the following are important:

- Promptly report new HIV cases to the ISDH Division of HIV/STD/Viral Hepatitis.
- Promptly report new HCV cases to the ISDH Epidemiology Resources Center.
- Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
- Become familiar with local data so any increases are easily identified.
- Know who to contact for assistance and appropriate health services.

This Profile is a tool to become familiar with local data, local resources, and to assist you in the decision-making process for local syringe exchange programs.

Syringe Exchange Programs

Syringe exchange programs provide people who inject drugs with an opportunity to reduce the spread of bloodborne diseases such as HIV and HCV, use sterile syringes, share syringes less often, and safely dispose of used syringes. The programs serve to connect hard-to-reach people who inject drugs with important public health services, including HIV and HCV testing, substance abuse treatment, sexually transmitted disease (STD) screening and treatment, and risk reduction counseling.

Syringe Exchange Law in Indiana (<https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251>)

In May, a new law went into effect to allow local health departments and law enforcement to work together to start a needle exchange program in their counties if the following criteria are met:

257. Local health officer declares to county/municipality:
 - a. There is an epidemic of HCV or HIV;
 - b. The primary mode of transmission of HCV or HIV is injection drug use;
 - c. That a Syringe Exchange Program is medically appropriate as part of the comprehensive public health response.
258. The executive/legislative body of county/municipality:
 - a. Conducts a public hearing and
 - b. Takes official action that adopts the declaration of the local health officer.
259. The executive/legislative body of county/municipality:
 - a. Notifies the State Health Commissioner of declaration;
 - b. Requests the State Health Commissioner to declare a public health emergency;
 - c. Indicates other measures taken to address the epidemic have not worked.
260. Commissioner must approve or deny within 10 days from submission.
 - a. Can request additional information extending the deadline for an additional 10 days

More information on steps local health departments and health care providers can take is found in the CDC Health Advisory at <http://emergency.cdc.gov/han/han00377.asp>.

Spotlight on Putnam County, Indiana

	Putnam County	Indiana
Population, 2014	37,618	6,596,855
HIV and HCV		
New HIV cases (rate per 100,000 population), 2014	<5 (*)	515 (8)
Total number of people living with HIV, 2014	67	11,547
Newly reported HCV cases (rate per 100,000 population), 2013+	24 (64)	4,535 (69)
Drug overdoses and deaths		
Annual average number of drug poisoning deaths (total rate per 100,000 population), 2009-2013**	<5 (*)	966 (15)
Drug poisoning deaths per 100,000 population (rate per 100,000 pop), 2013	5 (13)	1049 (16)
Annual average number of non-fatal emergency room visits due to opioid overdoses (total rate per 100,000 population), 2009-2013**	12 (32)	1820 (28)
Non-fatal emergency room visits due to opioid overdoses (rate per 100,000 population), 2013	14 (37)	2,157 (33)
STDs		
Chlamydia cases (rate per 100,000 population), 2013	120 (320)	28,023 (432)
Gonorrhea cases (rate per 100,000 population), 2013	13 (35)	7,144 (110)

*Numbers less than 5, including 0.

**Drug poisoning deaths: underlying cause of death coded on death certificate as drug overdose fatality or "acute drug overdose."

+Includes Department of Corrections cases.

HCV

HCV is spread through contact with blood of an infected person, primarily through sharing contaminated needles or injection drug use equipment (CDC fact sheet). There is no vaccine for HCV. The best way to prevent HCV infection is to never inject drugs or to stop injecting drugs by getting into and staying in a drug treatment program (CDC). People who continue to inject drugs should use new, sterile syringes each time and never reuse or share needles, water, or other drug preparation equipment. The Centers for Disease Control and Prevention (CDC) recommends HCV testing for people who inject drugs, all people living with HIV, and everyone born during 1945-1965.

Key Contacts for Putnam County

Disease Investigation area: District 7

Local HIV Care Coordination

Positive Link IU Bloomington
(800)313-4645

Disease Intervention Specialists

Julie Hartley (812)349-2829
Miranda Ettinger

Substance Abuse

People abuse substances such as drugs, alcohol, and tobacco for varied reasons. Substance abuse can have negative social, physical, mental, and public health impact on individuals, families and communities. In 2013, an estimated 9.4% of people over the age of 12 in the US engaged in illegal drug use.

HIV & STD Prevention Services

Johnson Nichols Health Center

141 Martinsville St Greencastle, IN, 46135
(765)653-6171

Please call for hours and testing availability

Key Support Services and Staff

Disease Intervention Specialists conduct partner notification, verify treatment of infected individuals, assist infected individuals in developing risk-reduction plans, and refer for HIV Care Coordination.

HIV Care Coordinators provide an individualized plan of care that includes medical, psychosocial, financial, and other supportive services for free.

ISDH HIV Special Populations Support Program provides intensive support services to individuals diagnosed with HIV disease and chemical dependency. Services are offered throughout the state at 12 sites. For more information, call 317-233-7418.

Substance abuse and treatment services are provided by various providers in the area. For information, contact SAMHSA's National Helpline 1-800-487-4889 for 24-hour free and confidential treatment referral and information.

STD Prevention is HIV Prevention. The ISDH STD Prevention Program has opportunities for local health departments to receive test materials and medications for Chlamydia and gonorrhea. For more information, contact std@isdh.in.gov.

For more information, visit the ISDH HIV/STD website at: <https://secure.in.gov/isdh/17397.htm>

or contact the ISDH Local Health Department Outreach Division at
LHDinfo@isdh.in.gov (please put "County Profile" in subject line) or **317-234-6623**.

Randolph County Profile

Background

In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxycodone (brand name Opana) and sharing needles.

What Local Health Departments Can Do

As the local “eyes and ears on the ground,” public health staff are critical to the identification of outbreaks. To do this, the following are important:

- Promptly report new HIV cases to the ISDH Division of HIV/STD/Viral Hepatitis.
- Promptly report new HCV cases to the ISDH Epidemiology Resources Center.
- Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
- Become familiar with local data so any increases are easily identified.
- Know who to contact for assistance and appropriate health services.

This Profile is a tool to become familiar with local data, local resources, and to assist you in the decision-making process for local syringe exchange programs.

Syringe Exchange Programs

Syringe exchange programs provide people who inject drugs with an opportunity to reduce the spread of bloodborne diseases such as HIV and HCV, use sterile syringes, share syringes less often, and safely dispose of used syringes. The programs serve to connect hard-to-reach people who inject drugs with important public health services, including HIV and HCV testing, substance abuse treatment, sexually transmitted disease (STD) screening and treatment, and risk reduction counseling.

Syringe Exchange Law in Indiana (<https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251>)

In May, a new law went into effect to allow local health departments and law enforcement to work together to start a needle exchange program in their counties if the following criteria are met:

261. Local health officer declares to county/municipality:
 - a. There is an epidemic of HCV or HIV;
 - b. The primary mode of transmission of HCV or HIV is injection drug use;
 - c. That a Syringe Exchange Program is medically appropriate as part of the comprehensive public health response.
262. The executive/legislative body of county/municipality:
 - a. Conducts a public hearing and
 - b. Takes official action that adopts the declaration of the local health officer.
263. The executive/legislative body of county/municipality:
 - a. Notifies the State Health Commissioner of declaration;
 - b. Requests the State Health Commissioner to declare a public health emergency;
 - c. Indicates other measures taken to address the epidemic have not worked.
264. Commissioner must approve or deny within 10 days from submission.
 - a. Can request additional information extending the deadline for an additional 10 days

More information on steps local health departments and health care providers can take is found in the CDC Health Advisory at <http://emergency.cdc.gov/han/han00377.asp>.

Spotlight on Randolph County, Indiana

	Randolph County	Indiana
Population, 2014	25,384	6,596,855
HIV and HCV		
New HIV cases (rate per 100,000 population), 2014	<5 (*)	515 (8)
Total number of people living with HIV, 2014	20	11,547
Newly reported HCV cases (rate per 100,000 population), 2013	20 (78)	4,535 (69)
Drug overdoses and deaths		
Annual average number of drug poisoning deaths (total rate per 100,000 population), 2009-2013**	<5 (*)	966 (15)
Drug poisoning deaths per 100,000 population (rate per 100,000 pop), 2013	<5 (*)	1049 (16)
Annual average number of non-fatal emergency room visits due to opioid overdoses (total rate per 100,000 population), 2009-2013**	7 (28)	1820 (28)
Non-fatal emergency room visits due to opioid overdoses (rate per 100,000 population), 2013	8 (31)	2,157 (33)
STDs		
Chlamydia cases (rate per 100,000 population), 2013	72 (284)	28,023 (432)
Gonorrhea cases (rate per 100,000 population), 2013	9 (36)	7,144 (110)

*Numbers less than 5, including 0.

**Drug poisoning deaths: underlying cause of death coded on death certificate as drug overdose fatality or "acute drug overdose."

HCV

HCV is spread through contact with blood of an infected person, primarily through sharing contaminated needles or injection drug use equipment (CDC fact sheet). There is no vaccine for HCV. The best way to prevent HCV infection is to never inject drugs or to stop injecting drugs by getting into and staying in a drug treatment program (CDC). People who continue to inject drugs should use new, sterile syringes each time and never reuse or share needles, water, or other drug preparation equipment. The Centers for Disease Control and Prevention (CDC) recommends HCV testing for people who inject drugs, all people living with HIV, and everyone born during 1945-1965.

Substance Abuse

People abuse substances such as drugs, alcohol, and tobacco for varied reasons. Substance abuse can have negative social, physical, mental, and public health impact on individuals, families and communities. In 2013, an estimated 9.4% of people over the age of 12 in the US engaged in illegal drug use.

Key Support Services and Staff

Disease Intervention Specialists conduct partner notification, verify treatment of infected individuals, assist infected individuals in developing risk-reduction plans, and refer for HIV Care Coordination.

HIV Care Coordinators provide an individualized plan of care that includes medical, psychosocial, financial, and other supportive services for free.

ISDH HIV Special Populations Support Program provides intensive support services to individuals diagnosed with HIV disease and chemical dependency. Services are offered throughout the state at 12 sites. For more information, call 317-233-7418.

Substance abuse and treatment services are provided by various providers in the area. For information, contact SAMHSA's National Helpline 1-800-487-4889 for 24-hour free and confidential treatment referral and information.

STD Prevention is HIV Prevention. The ISDH STD Prevention Program has opportunities for local health departments to receive test materials and medications for Chlamydia and gonorrhea. For more information, contact std@isdh.in.gov.

Key Contacts for Randolph County

Disease Investigation area: District 6

Local HIV Care Coordination

Meridian Health Services
(765)288-1928

Disease Intervention Specialists

Melody Fuqua (765)254-1574
Brandon Todd (765)288-0763

HIV & STD Prevention Services

Family Health Center

409 E. Greenville Ave, Winchester, IN 47394
(765)584-0480

Sliding scale fees available, please call for appointment

For more information, visit the ISDH HIV/STD website at: <https://secure.in.gov/isdh/17397.htm>

or contact the ISDH Local Health Department Outreach Division at

LHDinfo@isdh.in.gov (please put "County Profile" in subject line) or 317-234-6623.

Ripley County Profile

Background

In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxycodone (brand name Opana) and sharing needles.

What Local Health Departments Can Do

As the local “eyes and ears on the ground,” public health staff are critical to the identification of outbreaks. To do this, the following are important:

- Promptly report new HIV cases to the ISDH Division of HIV/STD/Viral Hepatitis.
- Promptly report new HCV cases to the ISDH Epidemiology Resources Center.
- Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
- Become familiar with local data so any increases are easily identified.
- Know who to contact for assistance and appropriate health services.

This Profile is a tool to become familiar with local data, local resources, and to assist you in the decision-making process for local syringe exchange programs.

Syringe Exchange Programs

Syringe exchange programs provide people who inject drugs with an opportunity to reduce the spread of bloodborne diseases such as HIV and HCV, use sterile syringes, share syringes less often, and safely dispose of used syringes. The programs serve to connect hard-to-reach people who inject drugs with important public health services, including HIV and HCV testing, substance abuse treatment, sexually transmitted disease (STD) screening and treatment, and risk reduction counseling.

Syringe Exchange Law in Indiana (<https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251>)

In May, a new law went into effect to allow local health departments and law enforcement to work together to start a needle exchange program in their counties if the following criteria are met:

265. Local health officer declares to county/municipality:
 - a. There is an epidemic of HCV or HIV;
 - b. The primary mode of transmission of HCV or HIV is injection drug use;
 - c. That a Syringe Exchange Program is medically appropriate as part of the comprehensive public health response.
266. The executive/legislative body of county/municipality:
 - a. Conducts a public hearing and
 - b. Takes official action that adopts the declaration of the local health officer.
267. The executive/legislative body of county/municipality:
 - a. Notifies the State Health Commissioner of declaration;
 - b. Requests the State Health Commissioner to declare a public health emergency;
 - c. Indicates other measures taken to address the epidemic have not worked.
268. Commissioner must approve or deny within 10 days from submission.
 - a. Can request additional information extending the deadline for an additional 10 days

More information on steps local health departments and health care providers can take is found in the CDC Health Advisory at <http://emergency.cdc.gov/han/han00377.asp>.

Spotlight on Ripley County, Indiana

	Ripley County	Indiana
Population, 2014	28,497	6,596,855
HIV and HCV		
New HIV cases (rate per 100,000 population), 2014	<5 (*)	515 (8)
Total number of people living with HIV, 2014	12	11,547
Newly reported HCV cases (rate per 100,000 population), 2013	33 (116)	4,535 (69)
Drug overdoses and deaths		
Annual average number of drug poisoning deaths (total rate per 100,000 population), 2009-2013**	<5 (*)	966 (15)
Drug poisoning deaths per 100,000 population (rate per 100,000 pop), 2013	6 (21)	1049 (16)
Annual average number of non-fatal emergency room visits due to opioid overdoses (total rate per 100,000 population), 2009-2013**	<5 (*)	1820 (28)
Non-fatal emergency room visits due to opioid overdoses (rate per 100,000 population), 2013	9 (32)	2,157 (33)
STDs		
Chlamydia cases (rate per 100,000 population), 2013	93 (327)	28,023 (432)
Gonorrhea cases (rate per 100,000 population), 2013	<5 (*)	7,144 (110)

*Numbers less than 5, including 0.

**Drug poisoning deaths: underlying cause of death coded on death certificate as drug overdose fatality or "acute drug overdose."

HCV

HCV is spread through contact with blood of an infected person, primarily through sharing contaminated needles or injection drug use equipment (CDC fact sheet). There is no vaccine for HCV. The best way to prevent HCV infection is to never inject drugs or to stop injecting drugs by getting into and staying in a drug treatment program (CDC). People who continue to inject drugs should use new, sterile syringes each time and never reuse or share needles, water, or other drug preparation equipment. The Centers for Disease Control and Prevention (CDC) recommends HCV testing for people who inject drugs, all people living with HIV, and everyone born during 1945-1965.

Substance Abuse

People abuse substances such as drugs, alcohol, and tobacco for varied reasons.

Substance abuse can have negative social, physical, mental, and public health impact on individuals, families and communities. In 2013, an estimated 9.4% of people over the age of 12 in the US engaged in illegal drug use.

Key Support Services and Staff

Disease Intervention Specialists conduct partner notification, verify treatment of infected individuals, assist infected individuals in developing risk-reduction plans, and refer for HIV Care Coordination.

HIV Care Coordinators provide an individualized plan of care that includes medical, psychosocial, financial, and other supportive services for free.

ISDH HIV Special Populations Support Program provides intensive support services to individuals diagnosed with HIV disease and chemical dependency. Services are offered throughout the state at 12 sites. For more information, call 317-233-7418.

Substance abuse and treatment services are provided by various providers in the area. For information, contact SAMHSA's National Helpline 1-800-487-4889 for 24-hour free and confidential treatment referral and information.

STD Prevention is HIV Prevention. The ISDH STD Prevention Program has opportunities for local health departments to receive test materials and medications for Chlamydia and gonorrhea. For more information, contact std@isdh.in.gov.

Key Contacts for Ripley County

Disease Investigation area: District 9

Local HIV Care Coordination

Aspire (Southeast)
(765)962-8742

Disease Intervention Specialists

Dorothy Waterhouse (812)288-2706
Jesse Shields (812)283-2738

HIV & STD Prevention Services

Clark County Health Department

1301 Akers Ave, Jeffersonville, IN 47130
M-F 9AM-5PM, (812)288-2706

*Free HIV testing M-F by appointment only
STD testing on Tuesday afternoons, \$20.00 fee*

For more information, visit the ISDH HIV/STD website at: <https://secure.in.gov/isdh/17397.htm>

or contact the ISDH Local Health Department Outreach Division at

LHDinfo@isdh.in.gov (please put "County Profile" in subject line) or **317-234-6623**.

Rush County Profile

Background

In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxycodone (brand name Opana) and sharing needles.

What Local Health Departments Can Do

As the local “eyes and ears on the ground,” public health staff are critical to the identification of outbreaks. To do this, the following are important:

- Promptly report new HIV cases to the ISDH Division of HIV/STD/Viral Hepatitis.
- Promptly report new HCV cases to the ISDH Epidemiology Resources Center.
- Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
- Become familiar with local data so any increases are easily identified.
- Know who to contact for assistance and appropriate health services.

This Profile is a tool to become familiar with local data, local resources, and to assist you in the decision-making process for local syringe exchange programs.

Syringe Exchange Programs

Syringe exchange programs provide people who inject drugs with an opportunity to reduce the spread of bloodborne diseases such as HIV and HCV, use sterile syringes, share syringes less often, and safely dispose of used syringes. The programs serve to connect hard-to-reach people who inject drugs with important public health services, including HIV and HCV testing, substance abuse treatment, sexually transmitted disease (STD) screening and treatment, and risk reduction counseling.

Syringe Exchange Law in Indiana (<https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251>)

In May, a new law went into effect to allow local health departments and law enforcement to work together to start a needle exchange program in their counties if the following criteria are met:

269. Local health officer declares to county/municipality:
 - a. There is an epidemic of HCV or HIV;
 - b. The primary mode of transmission of HCV or HIV is injection drug use;
 - c. That a Syringe Exchange Program is medically appropriate as part of the comprehensive public health response.
270. The executive/legislative body of county/municipality:
 - a. Conducts a public hearing and
 - b. Takes official action that adopts the declaration of the local health officer.
271. The executive/legislative body of county/municipality:
 - a. Notifies the State Health Commissioner of declaration;
 - b. Requests the State Health Commissioner to declare a public health emergency;
 - c. Indicates other measures taken to address the epidemic have not worked.
272. Commissioner must approve or deny within 10 days from submission.
 - a. Can request additional information extending the deadline for an additional 10 days

More information on steps local health departments and health care providers can take is found in the CDC Health Advisory at <http://emergency.cdc.gov/han/han00377.asp>.

Spotlight on Rush County, Indiana

	Rush County	Indiana
Population, 2014	16,892	6,596,855
HIV and HCV		
New HIV cases (rate per 100,000 population), 2014	<5 (*)	515 (8)
Total number of people living with HIV, 2014	8	11,547
Newly reported HCV cases (rate per 100,000 population), 2013	12 (70)	4,535 (69)
Drug overdoses and deaths		
Annual average number of drug poisoning deaths (total rate per 100,000 population), 2009-2013**	<5 (*)	966 (15)
Drug poisoning deaths per 100,000 population (rate per 100,000 pop), 2013	<5 (*)	1049 (16)
Annual average number of non-fatal emergency room visits due to opioid overdoses (total rate per 100,000 population), 2009-2013**	6 (35)	1820 (28)
Non-fatal emergency room visits due to opioid overdoses (rate per 100,000 population), 2013	8 (47)	2,157 (33)
STDs		
Chlamydia cases (rate per 100,000 population), 2013	49 (288)	28,023 (432)
Gonorrhea cases (rate per 100,000 population), 2013	<5 (*)	7,144 (110)

*Numbers less than 5, including 0.

**Drug poisoning deaths: underlying cause of death coded on death certificate as drug overdose fatality or "acute drug overdose."

HCV

HCV is spread through contact with blood of an infected person, primarily through sharing contaminated needles or injection drug use equipment (CDC fact sheet). There is no vaccine for HCV. The best way to prevent HCV infection is to never inject drugs or to stop injecting drugs by getting into and staying in a drug treatment program (CDC). People who continue to inject drugs should use new, sterile syringes each time and never reuse or share needles, water, or other drug preparation equipment. The Centers for Disease Control and Prevention (CDC) recommends HCV testing for people who inject drugs, all people living with HIV, and everyone born during 1945-1965.

Substance Abuse

People abuse substances such as drugs, alcohol, and tobacco for varied reasons. Substance abuse can have negative social, physical, mental, and public health impact on individuals, families and communities. In 2013, an estimated 9.4% of people over the age of 12 in the US engaged in illegal drug use.

Key Support Services and Staff

Disease Intervention Specialists conduct partner notification, verify treatment of infected individuals, assist infected individuals in developing risk-reduction plans, and refer for HIV Care Coordination.

HIV Care Coordinators provide an individualized plan of care that includes medical, psychosocial, financial, and other supportive services for free.

ISDH HIV Special Populations Support Program provides intensive support services to individuals diagnosed with HIV disease and chemical dependency. Services are offered throughout the state at 12 sites. For more information, call 317-233-7418.

Substance abuse and treatment services are provided by various providers in the area. For information, contact SAMHSA's National Helpline 1-800-487-4889 for 24-hour free and confidential treatment referral and information.

STD Prevention is HIV Prevention. The ISDH STD Prevention Program has opportunities for local health departments to receive test materials and medications for Chlamydia and gonorrhea. For more information, contact std@isdh.in.gov.

Key Contacts for Rush County

Disease Investigation area: District 6

Local HIV Care Coordination

Aspire (Southeast)
(765)962-8742

Disease Intervention Specialists

Melody Fuqua (765)254-1574
Brandon Todd (765)288-0763

HIV & STD Prevention Services

Meridian Health Services

509 Conrad Harcourt Way, Rushville, IN 46173
(765)932-3699
Please call for appointments and fees

For more information, visit the ISDH HIV/STD website at: <https://secure.in.gov/isdh/17397.htm>

or contact the ISDH Local Health Department Outreach Division at

LHDinfo@isdh.in.gov (please put "County Profile" in subject line) or 317-234-6623.

Scott County Profile

Background

In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxycodone (brand name Opana) and sharing needles.

What Local Health Departments Can Do

As the local “eyes and ears on the ground,” public health staff are critical to the identification of outbreaks. To do this, the following are important:

- Promptly report new HIV cases to the ISDH Division of HIV/STD/Viral Hepatitis.
- Promptly report new HCV cases to the ISDH Epidemiology Resources Center.
- Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
- Become familiar with local data so any increases are easily identified.
- Know who to contact for assistance and appropriate health services.

This Profile is a tool to become familiar with local data, local resources, and to assist you in the decision-making process for local syringe exchange programs.

Syringe Exchange Programs

Syringe exchange programs provide people who inject drugs with an opportunity to reduce the spread of bloodborne diseases such as HIV and HCV, use sterile syringes, share syringes less often, and safely dispose of used syringes. The programs serve to connect hard-to-reach people who inject drugs with important public health services, including HIV and HCV testing, substance abuse treatment, sexually transmitted disease (STD) screening and treatment, and risk reduction counseling.

Syringe Exchange Law in Indiana (<https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251>)

In May, a new law went into effect to allow local health departments and law enforcement to work together to start a needle exchange program in their counties if the following criteria are met:

273. Local health officer declares to county/municipality:
 - a. There is an epidemic of HCV or HIV;
 - b. The primary mode of transmission of HCV or HIV is injection drug use;
 - c. That a Syringe Exchange Program is medically appropriate as part of the comprehensive public health response.
274. The executive/legislative body of county/municipality:
 - a. Conducts a public hearing and
 - b. Takes official action that adopts the declaration of the local health officer.
275. The executive/legislative body of county/municipality:
 - a. Notifies the State Health Commissioner of declaration;
 - b. Requests the State Health Commissioner to declare a public health emergency;
 - c. Indicates other measures taken to address the epidemic have not worked.
276. Commissioner must approve or deny within 10 days from submission.
 - a. Can request additional information extending the deadline for an additional 10 days

More information on steps local health departments and health care providers can take is found in the CDC Health Advisory at <http://emergency.cdc.gov/han/han00377.asp>.

Spotlight on Scott County, Indiana

	Scott County	Indiana
Population, 2014	23,712	6,596,855
HIV and HCV		
New HIV cases (rate per 100,000 population), 2014	<5 (*)	515 (8)
Total number of people living with HIV, 2014	21	11,547
Newly reported HCV cases (rate per 100,000 population), 2013	62 (260)	4,535 (69)
Drug overdoses and deaths		
Annual average number of drug poisoning deaths (total rate per 100,000 population), 2009-2013**	10 (43)	966 (15)
Drug poisoning deaths per 100,000 population (rate per 100,000 pop), 2013	7 (29)	1049 (16)
Annual average number of non-fatal emergency room visits due to opioid overdoses (total rate per 100,000 population), 2009-2013**	18 (75)	1820 (28)
Non-fatal emergency room visits due to opioid overdoses (rate per 100,000 population), 2013	16 (67)	2,157 (33)
STDs		
Chlamydia cases (rate per 100,000 population), 2013	57 (239)	28,023 (432)
Gonorrhea cases (rate per 100,000 population), 2013	<5 (*)	7,144 (110)

*Numbers less than 5, including 0.

**Drug poisoning deaths: underlying cause of death coded on death certificate as drug overdose fatality or "acute drug overdose."

HCV

HCV is spread through contact with blood of an infected person, primarily through sharing contaminated needles or injection drug use equipment (CDC fact sheet). There is no vaccine for HCV. The best way to prevent HCV infection is to never inject drugs or to stop injecting drugs by getting into and staying in a drug treatment program (CDC). People who continue to inject drugs should use new, sterile syringes each time and never reuse or share needles, water, or other drug preparation equipment. The Centers for Disease Control and Prevention (CDC) recommends HCV testing for people who inject drugs, all people living with HIV, and everyone born during 1945-1965.

Substance Abuse

People abuse substances such as drugs, alcohol, and tobacco for varied reasons. Substance abuse can have negative social, physical, mental, and public health impact on individuals, families and communities. In 2013, an estimated 9.4% of people over the age of 12 in the US engaged in illegal drug use.

Key Support Services and Staff

Disease Intervention Specialists conduct partner notification, verify treatment of infected individuals, assist infected individuals in developing risk-reduction plans, and refer for HIV Care Coordination.

HIV Care Coordinators provide an individualized plan of care that includes medical, psychosocial, financial, and other supportive services for free.

ISDH HIV Special Populations Support Program provides intensive support services to individuals diagnosed with HIV disease and chemical dependency. Services are offered throughout the state at 12 sites. For more information, call 317-233-7418.

Substance abuse and treatment services are provided by various providers in the area. For information, contact SAMHSA's National Helpline 1-800-487-4889 for 24-hour free and confidential treatment referral and information.

STD Prevention is HIV Prevention. The ISDH STD Prevention Program has opportunities for local health departments to receive test materials and medications for Chlamydia and gonorrhea. For more information, contact std@isdh.in.gov.

Key Contacts for Scott County

Disease Investigation area: District 9

Local HIV Care Coordination

Clark County Health Department
(800)828-5624

Disease Intervention Specialists

Dorothy Waterhouse (812)288-2706
Jesse Shields (812)283-2738

HIV & STD Prevention Services

Scott County Health Department

HIV testing available Mondays and Thursdays 9am-3PM at Health Department and Needle Exchange unit
1471 N. Gardner St., Scottsburg, IN 47170 (812)752-8455

Clark County Health Department

1301 Akers Ave, Jeffersonville, IN 47130
M-F 9AM-5PM, (812)288-2706
Free HIV testing M-F by appointment only
STD testing on Tuesday afternoons, \$20.00 fee

For more information, visit the ISDH HIV/STD website at: <https://secure.in.gov/isdh/17397.htm>

or contact the ISDH Local Health Department Outreach Division at

LHDinfo@isdh.in.gov (please put "County Profile" in subject line) or **317-234-6623**.

Shelby County Profile

Background

In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxycodone (brand name Opana) and sharing needles.

What Local Health Departments Can Do

As the local “eyes and ears on the ground,” public health staff are critical to the identification of outbreaks. To do this, the following are important:

- Promptly report new HIV cases to the ISDH Division of HIV/STD/Viral Hepatitis.
- Promptly report new HCV cases to the ISDH Epidemiology Resources Center.
- Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
- Become familiar with local data so any increases are easily identified.
- Know who to contact for assistance and appropriate health services.

This Profile is a tool to become familiar with local data, local resources, and to assist you in the decision-making process for local syringe exchange programs.

Syringe Exchange Programs

Syringe exchange programs provide people who inject drugs with an opportunity to reduce the spread of bloodborne diseases such as HIV and HCV, use sterile syringes, share syringes less often, and safely dispose of used syringes. The programs serve to connect hard-to-reach people who inject drugs with important public health services, including HIV and HCV testing, substance abuse treatment, sexually transmitted disease (STD) screening and treatment, and risk reduction counseling.

Syringe Exchange Law in Indiana (<https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251>)

In May, a new law went into effect to allow local health departments and law enforcement to work together to start a needle exchange program in their counties if the following criteria are met:

277. Local health officer declares to county/municipality:
 - a. There is an epidemic of HCV or HIV;
 - b. The primary mode of transmission of HCV or HIV is injection drug use;
 - c. That a Syringe Exchange Program is medically appropriate as part of the comprehensive public health response.
278. The executive/legislative body of county/municipality:
 - a. Conducts a public hearing and
 - b. Takes official action that adopts the declaration of the local health officer.
279. The executive/legislative body of county/municipality:
 - a. Notifies the State Health Commissioner of declaration;
 - b. Requests the State Health Commissioner to declare a public health emergency;
 - c. Indicates other measures taken to address the epidemic have not worked.
280. Commissioner must approve or deny within 10 days from submission.
 - a. Can request additional information extending the deadline for an additional 10 days

More information on steps local health departments and health care providers can take is found in the CDC Health Advisory at <http://emergency.cdc.gov/han/han00377.asp>.

Spotlight on Shelby County, Indiana

	Shelby County	Indiana
Population, 2014	44,579	6,596,855
HIV and HCV		
New HIV cases (rate per 100,000 population), 2014	<5 (*)	515 (8)
Total number of people living with HIV, 2014	28	11,547
Newly reported HCV cases (rate per 100,000 population), 2013	20 (45)	4,535 (69)
Drug overdoses and deaths		
Annual average number of drug poisoning deaths (total rate per 100,000 population), 2009-2013**	6 (15)	966 (15)
Drug poisoning deaths per 100,000 population (rate per 100,000 pop), 2013	5 (11)	1049 (16)
Annual average number of non-fatal emergency room visits due to opioid overdoses (total rate per 100,000 population), 2009-2013**	21 (48)	1820 (28)
Non-fatal emergency room visits due to opioid overdoses (rate per 100,000 population), 2013	18 (40)	2,157 (33)
STDs		
Chlamydia cases (rate per 100,000 population), 2013	127 (285)	28,023 (432)
Gonorrhea cases (rate per 100,000 population), 2013	5 (11)	7,144 (110)

*Numbers less than 5, including 0.

**Drug poisoning deaths: underlying cause of death coded on death certificate as drug overdose fatality or "acute drug overdose."

HCV

HCV is spread through contact with blood of an infected person, primarily through sharing contaminated needles or injection drug use equipment (CDC fact sheet). There is no vaccine for HCV. The best way to prevent HCV infection is to never inject drugs or to stop injecting drugs by getting into and staying in a drug treatment program (CDC). People who continue to inject drugs should use new, sterile syringes each time and never reuse or share needles, water, or other drug preparation equipment. The Centers for Disease Control and Prevention (CDC) recommends HCV testing for people who inject drugs, all people living with HIV, and everyone born during 1945-1965.

Substance Abuse

People abuse substances such as drugs, alcohol, and tobacco for varied reasons. Substance abuse can have negative social, physical, mental, and public health impact on individuals, families and communities. In 2013, an estimated 9.4% of people over the age of 12 in the US engaged in illegal drug use.

Key Support Services and Staff

Disease Intervention Specialists conduct partner notification, verify treatment of infected individuals, assist infected individuals in developing risk-reduction plans, and refer for HIV Care Coordination.

HIV Care Coordinators provide an individualized plan of care that includes medical, psychosocial, financial, and other supportive services for free.

ISDH HIV Special Populations Support Program provides intensive support services to individuals diagnosed with HIV disease and chemical dependency. Services are offered throughout the state at 12 sites. For more information, call 317-233-7418.

Substance abuse and treatment services are provided by various providers in the area. For information, contact SAMHSA's National Helpline 1-800-487-4889 for 24-hour free and confidential treatment referral and information.

STD Prevention is HIV Prevention. The ISDH STD Prevention Program has opportunities for local health departments to receive test materials and medications for Chlamydia and gonorrhea. For more information, contact std@isdh.in.gov.

Key Contacts for Shelby County Disease Investigation area: District 5

Local HIV Care Coordination

Eskenazi Health (317)880-3503
Damien Center (800)213-1163
Concord Center (317)637-4376
Lifecare (317)962-2700
Step Up (317)259-7013 x16

Disease Intervention Specialists

Kari Haecker (317)221-8315
Lavida Joseph-Brown (317)221-8302
William Blakely, Bo Dawson, Ebony Gray,
Ervin Gainer, Mackenzie Szymanski, Julia
Lay, Ricky Ward, & Nate Nash

HIV & STD Prevention Services

Marion County Health Department Bell Flower Clinic

640 Eskenazi Ave., 5/3rd Bank Building, First Floor,
Indianapolis, IN 46202
(317)221-8300 appointment line, call for schedule
Tests for HIV and STDs, \$10.00 service fee.

For more information, visit the ISDH HIV/STD website at: <https://secure.in.gov/isdh/17397.htm>

or contact the ISDH Local Health Department Outreach Division at

LHDinfo@isdh.in.gov (please put "County Profile" in subject line) or 317-234-6623.

Spencer County Profile

Background

In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxycodone (brand name Opana) and sharing needles.

What Local Health Departments Can Do

As the local “eyes and ears on the ground,” public health staff are critical to the identification of outbreaks. To do this, the following are important:

- Promptly report new HIV cases to the ISDH Division of HIV/STD/Viral Hepatitis.
- Promptly report new HCV cases to the ISDH Epidemiology Resources Center.
- Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
- Become familiar with local data so any increases are easily identified.
- Know who to contact for assistance and appropriate health services.

This Profile is a tool to become familiar with local data, local resources, and to assist you in the decision-making process for local syringe exchange programs.

Syringe Exchange Programs

Syringe exchange programs provide people who inject drugs with an opportunity to reduce the spread of bloodborne diseases such as HIV and HCV, use sterile syringes, share syringes less often, and safely dispose of used syringes. The programs serve to connect hard-to-reach people who inject drugs with important public health services, including HIV and HCV testing, substance abuse treatment, sexually transmitted disease (STD) screening and treatment, and risk reduction counseling.

Syringe Exchange Law in Indiana (<https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251>)

In May, a new law went into effect to allow local health departments and law enforcement to work together to start a needle exchange program in their counties if the following criteria are met:

281. Local health officer declares to county/municipality:
 - a. There is an epidemic of HCV or HIV;
 - b. The primary mode of transmission of HCV or HIV is injection drug use;
 - c. That a Syringe Exchange Program is medically appropriate as part of the comprehensive public health response.
282. The executive/legislative body of county/municipality:
 - a. Conducts a public hearing and
 - b. Takes official action that adopts the declaration of the local health officer.
283. The executive/legislative body of county/municipality:
 - a. Notifies the State Health Commissioner of declaration;
 - b. Requests the State Health Commissioner to declare a public health emergency;
 - c. Indicates other measures taken to address the epidemic have not worked.
284. Commissioner must approve or deny within 10 days from submission.
 - a. Can request additional information extending the deadline for an additional 10 days

More information on steps local health departments and health care providers can take is found in the CDC Health Advisory at <http://emergency.cdc.gov/han/han00377.asp>.

Spotlight on Spencer County, Indiana

	Spencer County	Indiana
Population, 2014	20,801	6,596,855
HIV and HCV		
New HIV cases (rate per 100,000 population), 2014	<5 (*)	515 (8)
Total number of people living with HIV, 2014	8	11,547
Newly reported HCV cases (rate per 100,000 population), 2013	10 (48)	4,535 (69)
Drug overdoses and deaths		
Annual average number of drug poisoning deaths (total rate per 100,000 population), 2009-2013**	<5 (*)	966 (15)
Drug poisoning deaths per 100,000 population (rate per 100,000 pop), 2013	<5 (*)	1049 (16)
Annual average number of non-fatal emergency room visits due to opioid overdoses (total rate per 100,000 population), 2009-2013**	<5 (8)	1820 (28)
Non-fatal emergency room visits due to opioid overdoses (rate per 100,000 population), 2013	<5 (*)	2,157 (33)
STDs		
Chlamydia cases (rate per 100,000 population), 2013	34 (163)	28,023 (432)
Gonorrhea cases (rate per 100,000 population), 2013	5 (24)	7,144 (110)

*Numbers less than 5, including 0.

**Drug poisoning deaths: underlying cause of death coded on death certificate as drug overdose fatality or "acute drug overdose."

HCV

HCV is spread through contact with blood of an infected person, primarily through sharing contaminated needles or injection drug use equipment (CDC fact sheet). There is no vaccine for HCV. The best way to prevent HCV infection is to never inject drugs or to stop injecting drugs by getting into and staying in a drug treatment program (CDC). People who continue to inject drugs should use new, sterile syringes each time and never reuse or share needles, water, or other drug preparation equipment. The Centers for Disease Control and Prevention (CDC) recommends HCV testing for people who inject drugs, all people living with HIV, and everyone born during 1945-1965.

Substance Abuse

People abuse substances such as drugs, alcohol, and tobacco for varied reasons. Substance abuse can have negative social, physical, mental, and public health impact on individuals, families and communities. In 2013, an estimated 9.4% of people over the age of 12 in the US engaged in illegal drug use.

Key Support Services and Staff

Disease Intervention Specialists conduct partner notification, verify treatment of infected individuals, assist infected individuals in developing risk-reduction plans, and refer for HIV Care Coordination.

HIV Care Coordinators provide an individualized plan of care that includes medical, psychosocial, financial, and other supportive services for free.

ISDH HIV Special Populations Support Program provides intensive support services to individuals diagnosed with HIV disease and chemical dependency. Services are offered throughout the state at 12 sites. For more information, call 317-233-7418.

Substance abuse and treatment services are provided by various providers in the area. For information, contact SAMHSA's National Helpline 1-800-487-4889 for 24-hour free and confidential treatment referral and information.

STD Prevention is HIV Prevention. The ISDH STD Prevention Program has opportunities for local health departments to receive test materials and medications for Chlamydia and gonorrhea. For more information, contact std@isdh.in.gov.

Key Contacts for Spencer County

Disease Investigation area: District 8

Local HIV Care Coordination

AIDS Resource Group of Evansville
(800)423-6255

Disease Intervention Specialists

Wallace Corbitt, 812-435-5683
Wallace Paynter
Ashlee Stone Neighbors

HIV & STD Prevention Services

Spencer County Health Department

200 Main St., Rockport, IN,
(812)649-4441, STD testing for Chlamydia and gonorrhea

Vanderburgh County Health Department Clinic

420 Mulberry St., Evansville, IN, 47713
(812)435-5683

\$20.00 Exam for STDs and HIV. \$10.00 treatment

For more information, visit the ISDH HIV/STD website at: <https://secure.in.gov/isdh/17397.htm>

or contact the ISDH Local Health Department Outreach Division at

LHDinfo@isdh.in.gov (please put "County Profile" in subject line) or 317-234-6623.

Starke County Profile

Background

In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxycodone (brand name Opana) and sharing needles.

What Local Health Departments Can Do

As the local “eyes and ears on the ground,” public health staff are critical to the identification of outbreaks. To do this, the following are important:

- Promptly report new HIV cases to the ISDH Division of HIV/STD/Viral Hepatitis.
- Promptly report new HCV cases to the ISDH Epidemiology Resources Center.
- Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
- Become familiar with local data so any increases are easily identified.
- Know who to contact for assistance and appropriate health services.

This Profile is a tool to become familiar with local data, local resources, and to assist you in the decision-making process for local syringe exchange programs.

Syringe Exchange Programs

Syringe exchange programs provide people who inject drugs with an opportunity to reduce the spread of bloodborne diseases such as HIV and HCV, use sterile syringes, share syringes less often, and safely dispose of used syringes. The programs serve to connect hard-to-reach people who inject drugs with important public health services, including HIV and HCV testing, substance abuse treatment, sexually transmitted disease (STD) screening and treatment, and risk reduction counseling.

Syringe Exchange Law in Indiana (<https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251>)

In May, a new law went into effect to allow local health departments and law enforcement to work together to start a needle exchange program in their counties if the following criteria are met:

285. Local health officer declares to county/municipality:
 - a. There is an epidemic of HCV or HIV;
 - b. The primary mode of transmission of HCV or HIV is injection drug use;
 - c. That a Syringe Exchange Program is medically appropriate as part of the comprehensive public health response.
286. The executive/legislative body of county/municipality:
 - a. Conducts a public hearing and
 - b. Takes official action that adopts the declaration of the local health officer.
287. The executive/legislative body of county/municipality:
 - a. Notifies the State Health Commissioner of declaration;
 - b. Requests the State Health Commissioner to declare a public health emergency;
 - c. Indicates other measures taken to address the epidemic have not worked.
288. Commissioner must approve or deny within 10 days from submission.
 - a. Can request additional information extending the deadline for an additional 10 days

More information on steps local health departments and health care providers can take is found in the CDC Health Advisory at <http://emergency.cdc.gov/han/han00377.asp>.

Spotlight on Starke, Indiana

	Starke County	Indiana
Population, 2014	33,475	6,596,855
HIV and HCV		
New HIV cases (rate per 100,000 population), 2014	<5 (*)	515 (8)
Total number of people living with HIV, 2014	8	11,547
Newly reported HCV cases (rate per 100,000 population), 2013+	16 (69)	4,535 (69)
Drug overdoses and deaths		
Annual average number of drug poisoning deaths (total rate per 100,000 population), 2009-2013**	8 (38)	966 (15)
Drug poisoning deaths per 100,000 population (rate per 100,000 pop), 2013	8 (34)	1049 (16)
Annual average number of non-fatal emergency room visits due to opioid overdoses (total rate per 100,000 population), 2009-2013**	10 (43)	1820 (28)
Non-fatal emergency room visits due to opioid overdoses (rate per 100,000 population), 2013	12 (52)	2,157 (33)
STDs		
Chlamydia cases (rate per 100,000 population), 2013	39 (168)	28,023 (432)
Gonorrhea cases (rate per 100,000 population), 2013	<5 (*)	7,144 (110)

*Numbers less than 5, including 0.

**Drug poisoning deaths: underlying cause of death coded on death certificate as drug overdose fatality or "acute drug overdose."

HCV

HCV is spread through contact with blood of an infected person, primarily through sharing contaminated needles or injection drug use equipment (CDC fact sheet). There is no vaccine for HCV. The best way to prevent HCV infection is to never inject drugs or to stop injecting drugs by getting into and staying in a drug treatment program (CDC). People who continue to inject drugs should use new, sterile syringes each time and never reuse or share needles, water, or other drug preparation equipment. The Centers for Disease Control and Prevention (CDC) recommends HCV testing for people who inject drugs, all people living with HIV, and everyone born during 1945-1965.

Key Contacts for Starke County

Disease Investigation area: District 1

Local HIV Care Coordination

AIDS Assist (800)388-2437

Disease Intervention Specialists

Aquanette Hudson (219)239-2313

Substance Abuse

People abuse substances such as drugs, alcohol, and tobacco for varied reasons. Substance abuse can have negative social, physical, mental, and public health impact on individuals, families and communities. In 2013, an estimated 9.4% of people over the age of 12 in the US engaged in illegal drug use.

HIV & STD Prevention Services

Knox Winamac Community Health center

1002 Edgewood Dr., Knox, IN 46534
(574)772-0855

Key Support Services and Staff

Disease Intervention Specialists conduct partner notification, verify treatment of infected individuals, assist infected individuals in developing risk-reduction plans, and refer for HIV Care Coordination.

HIV Care Coordinators provide an individualized plan of care that includes medical, psychosocial, financial, and other supportive services for free.

ISDH HIV Special Populations Support Program provides intensive support services to individuals diagnosed with HIV disease and chemical dependency. Services are offered throughout the state at 12 sites. For more information, call 317-233-7418.

Substance abuse and treatment services are provided by various providers in the area. For information, contact SAMHSA's National Helpline 1-800-487-4889 for 24-hour free and confidential treatment referral and information.

STD Prevention is HIV Prevention. The ISDH STD Prevention Program has opportunities for local health departments to receive test materials and medications for Chlamydia and gonorrhea. For more information, contact std@isdh.in.gov.

For more information, visit the ISDH HIV/STD website at: <https://secure.in.gov/isdh/17397.htm>

or contact the ISDH Local Health Department Outreach Division at

LHDinfo@isdh.in.gov (please put "County Profile" in subject line) or **317-234-6623**.

Steuben County Profile

Background

In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxycodone (brand name Opana) and sharing needles.

What Local Health Departments Can Do

As the local “eyes and ears on the ground,” public health staff are critical to the identification of outbreaks. To do this, the following are important:

- Promptly report new HIV cases to the ISDH Division of HIV/STD/Viral Hepatitis.
- Promptly report new HCV cases to the ISDH Epidemiology Resources Center.
- Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
- Become familiar with local data so any increases are easily identified.
- Know who to contact for assistance and appropriate health services.

This Profile is a tool to become familiar with local data, local resources, and to assist you in the decision-making process for local syringe exchange programs.

Syringe Exchange Programs

Syringe exchange programs provide people who inject drugs with an opportunity to reduce the spread of bloodborne diseases such as HIV and HCV, use sterile syringes, share syringes less often, and safely dispose of used syringes. The programs serve to connect hard-to-reach people who inject drugs with important public health services, including HIV and HCV testing, substance abuse treatment, sexually transmitted disease (STD) screening and treatment, and risk reduction counseling.

Syringe Exchange Law in Indiana (<https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251>)

In May, a new law went into effect to allow local health departments and law enforcement to work together to start a needle exchange program in their counties if the following criteria are met:

289. Local health officer declares to county/municipality:
 - a. There is an epidemic of HCV or HIV;
 - b. The primary mode of transmission of HCV or HIV is injection drug use;
 - c. That a Syringe Exchange Program is medically appropriate as part of the comprehensive public health response.
290. The executive/legislative body of county/municipality:
 - a. Conducts a public hearing and
 - b. Takes official action that adopts the declaration of the local health officer.
291. The executive/legislative body of county/municipality:
 - a. Notifies the State Health Commissioner of declaration;
 - b. Requests the State Health Commissioner to declare a public health emergency;
 - c. Indicates other measures taken to address the epidemic have not worked.
292. Commissioner must approve or deny within 10 days from submission.
 - a. Can request additional information extending the deadline for an additional 10 days

More information on steps local health departments and health care providers can take is found in the CDC Health Advisory at <http://emergency.cdc.gov/han/han00377.asp>.

Spotlight on Steuben County, Indiana

	Steuben County	Indiana
Population, 2014	34,308	6,596,855
HIV and HCV		
New HIV cases (rate per 100,000 population), 2014	<5 (*)	515 (8)
Total number of people living with HIV, 2014	19	11,547
Newly reported HCV cases (rate per 100,000 population), 2013	6 (18)	4,535 (69)
Drug overdoses and deaths		
Annual average number of drug poisoning deaths (total rate per 100,000 population), 2009-2013**	<5 (*)	966 (15)
Drug poisoning deaths per 100,000 population (rate per 100,000 pop), 2013	<5 (*)	1049 (16)
Annual average number of non-fatal emergency room visits due to opioid overdoses (total rate per 100,000 population), 2009-2013**	6 (18)	1820 (28)
Non-fatal emergency room visits due to opioid overdoses (rate per 100,000 population), 2013	12 (35)	2,157 (33)
STDs		
Chlamydia cases (rate per 100,000 population), 2013	51 (148)	28,023 (432)
Gonorrhea cases (rate per 100,000 population), 2013	7 (20)	7,144 (110)

*Numbers less than 5, including 0.

**Drug poisoning deaths: underlying cause of death coded on death certificate as drug overdose fatality or "acute drug overdose."

HCV

HCV is spread through contact with blood of an infected person, primarily through sharing contaminated needles or injection drug use equipment (CDC fact sheet). There is no vaccine for HCV. The best way to prevent HCV infection is to never inject drugs or to stop injecting drugs by getting into and staying in a drug treatment program (CDC). People who continue to inject drugs should use new, sterile syringes each time and never reuse or share needles, water, or other drug preparation equipment. The Centers for Disease Control and Prevention (CDC) recommends HCV testing for people who inject drugs, all people living with HIV, and everyone born during 1945-1965.

Substance Abuse

People abuse substances such as drugs, alcohol, and tobacco for varied reasons. Substance abuse can have negative social, physical, mental, and public health impact on individuals, families and communities. In 2013, an estimated 9.4% of people over the age of 12 in the US engaged in illegal drug use.

Key Support Services and Staff

Disease Intervention Specialists conduct partner notification, verify treatment of infected individuals, assist infected individuals in developing risk-reduction plans, and refer for HIV Care Coordination.

HIV Care Coordinators provide an individualized plan of care that includes medical, psychosocial, financial, and other supportive services for free.

ISDH HIV Special Populations Support Program provides intensive support services to individuals diagnosed with HIV disease and chemical dependency. Services are offered throughout the state at 12 sites. For more information, call 317-233-7418.

Substance abuse and treatment services are provided by various providers in the area. For information, contact SAMHSA's National Helpline 1-800-487-4889 for 24-hour free and confidential treatment referral and information.

STD Prevention is HIV Prevention. The ISDH STD Prevention Program has opportunities for local health departments to receive test materials and medications for Chlamydia and gonorrhea. For more information, contact std@isdh.in.gov.

Key Contacts for Steuben County

Disease Investigation area: District 2

Local HIV Care Coordination

AIDS Task Force/Positive Resource Center (260)744-1144

Disease Intervention Specialists

Melissa Murawski (574)282-3230 x112
Lawrie Covey

HIV & STD Prevention Services

Ft. Wayne-Allen County Department of Health Medical Annex building

4813 New Haven Ave, Ft. Wayne 46803
260-449-7504

Full Service STD Clinic with HIV testing, Immunizations, Infectious Disease Clinic, travel clinic.

Minimal fees apply, info on website:

www.allencountyhealth.com

For more information, visit the ISDH HIV/STD website at: <https://secure.in.gov/isdh/17397.htm>

or contact the ISDH Local Health Department Outreach Division at

LHDinfo@isdh.in.gov (please put "County Profile" in subject line) or 317-234-6623.

St. Joseph County Profile

Background

In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxycodone (brand name Opana) and sharing needles.

What Local Health Departments Can Do

As the local “eyes and ears on the ground,” public health staff are critical to the identification of outbreaks. To do this, the following are important:

- Promptly report new HIV cases to the ISDH Division of HIV/STD/Viral Hepatitis.
- Promptly report new HCV cases to the ISDH Epidemiology Resources Center.
- Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
- Become familiar with local data so any increases are easily identified.
- Know who to contact for assistance and appropriate health services.

This Profile is a tool to become familiar with local data, local resources, and to assist you in the decision-making process for local syringe exchange programs.

Syringe Exchange Programs

Syringe exchange programs provide people who inject drugs with an opportunity to reduce the spread of bloodborne diseases such as HIV and HCV, use sterile syringes, share syringes less often, and safely dispose of used syringes. The programs serve to connect hard-to-reach people who inject drugs with important public health services, including HIV and HCV testing, substance abuse treatment, sexually transmitted disease (STD) screening and treatment, and risk reduction counseling.

Syringe Exchange Law in Indiana (<https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251>)

In May, a new law went into effect to allow local health departments and law enforcement to work together to start a needle exchange program in their counties if the following criteria are met:

293. Local health officer declares to county/municipality:
 - a. There is an epidemic of HCV or HIV;
 - b. The primary mode of transmission of HCV or HIV is injection drug use;
 - c. That a Syringe Exchange Program is medically appropriate as part of the comprehensive public health response.
294. The executive/legislative body of county/municipality:
 - a. Conducts a public hearing and
 - b. Takes official action that adopts the declaration of the local health officer.
295. The executive/legislative body of county/municipality:
 - a. Notifies the State Health Commissioner of declaration;
 - b. Requests the State Health Commissioner to declare a public health emergency;
 - c. Indicates other measures taken to address the epidemic have not worked.
296. Commissioner must approve or deny within 10 days from submission.
 - a. Can request additional information extending the deadline for an additional 10 days

More information on steps local health departments and health care providers can take is found in the CDC Health Advisory at <http://emergency.cdc.gov/han/han00377.asp>.

Spotlight on St. Joseph County, Indiana

	St. Joseph County	Indiana
Population, 2014	267,618	6,596,855
HIV and HCV		
New HIV cases (rate per 100,000 population), 2014	30 (11)	515 (8)
Total number of people living with HIV, 2014	599	11,547
Newly reported HCV cases (rate per 100,000 population), 2013+	101 (38)	4,535 (69)
Drug overdoses and deaths		
Annual average number of drug poisoning deaths (total rate per 100,000 population), 2009-2013**	33 (13)	966 (15)
Drug poisoning deaths per 100,000 population (rate per 100,000 pop), 2013	39 (15)	1049 (16)
Annual average number of non-fatal emergency room visits due to opioid overdoses (total rate per 100,000 population), 2009-2013**	83 (31)	1820 (28)
Non-fatal emergency room visits due to opioid overdoses (rate per 100,000 population), 2013	133 (50)	2,157 (33)
STDs		
Chlamydia cases (rate per 100,000 population), 2013	874 (340)	28,023 (432)
Gonorrhea cases (rate per 100,000 population), 2013	223 (87)	7,144 (110)

*Numbers less than 5, including 0.

**Drug poisoning deaths: underlying cause of death coded on death certificate as drug overdose fatality or "acute drug overdose."

+Includes Department of Corrections Cases

HCV

HCV is spread through contact with blood of an infected person, primarily through sharing contaminated needles or injection drug use equipment (CDC fact sheet). There is no vaccine for HCV. The best way to prevent HCV infection is to never inject drugs or to stop injecting drugs by getting into and staying in a drug treatment program (CDC). People who continue to inject drugs should use new, sterile syringes each time and never reuse or share needles, water, or other drug preparation equipment. The Centers for Disease Control and Prevention (CDC) recommends HCV testing for people who inject drugs, all people living with HIV, and everyone born during 1945-1965.

Substance Abuse

People abuse substances such as drugs, alcohol, and tobacco for varied reasons. Substance abuse can have negative social, physical, mental, and public health impact on individuals, families and communities. In 2013, an estimated 9.4% of people over the age of 12 in the US engaged in illegal drug use.

Key Support Services and Staff

Disease Intervention Specialists conduct partner notification, verify treatment of infected individuals, assist infected individuals in developing risk-reduction plans, and refer for HIV Care Coordination.

HIV Care Coordinators provide an individualized plan of care that includes medical, psychosocial, financial, and other supportive services for free.

ISDH HIV Special Populations Support Program provides intensive support services to individuals diagnosed with HIV disease and chemical dependency. Services are offered throughout the state at 12 sites. For more information, call 317-233-7418.

Substance abuse and treatment services are provided by various providers in the area. For information, contact SAMHSA's National Helpline 1-800-487-4889 for 24-hour free and confidential treatment referral and information.

STD Prevention is HIV Prevention. The ISDH STD Prevention Program has opportunities for local health departments to receive test materials and medications for Chlamydia and gonorrhea. For more information, contact std@isdh.in.gov.

Key Contacts for St. Joseph County

Disease Investigation area: District 2

Local HIV Care Coordination

AIDS Assist (800)388-2437

Disease Intervention Specialists

Melissa Murawski (574)282-3230 x112
Lawrie Covey

HIV & STD Prevention Services

Olive Street Health Center

244 S. Olive St. Suite E, South Bend, IN 46619
(574)282-3230

Sliding Scale Fees, Accepts Medicaid and Insurance.

Must be a family planning patient or willing to become one

HealthLinc

420 W. 4th St, Suite 120, Mishawaka, IN 46544

Sliding Scale fees, Medication, HIP, Medicare and some insurance accepted

(574)307-7673

For more information, visit the ISDH HIV/STD website at: <https://secure.in.gov/isdh/17397.htm>

or contact the ISDH Local Health Department Outreach Division at

LHDinfo@isdh.in.gov (please put "County Profile" in subject line) or 317-234-6623.

Sullivan County Profile

Background

In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxycodone (brand name Opana) and sharing needles.

What Local Health Departments Can Do

As the local “eyes and ears on the ground,” public health staff are critical to the identification of outbreaks. To do this, the following are important:

- Promptly report new HIV cases to the ISDH Division of HIV/STD/Viral Hepatitis.
- Promptly report new HCV cases to the ISDH Epidemiology Resources Center.
- Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
- Become familiar with local data so any increases are easily identified.
- Know who to contact for assistance and appropriate health services.

This Profile is a tool to become familiar with local data, local resources, and to assist you in the decision-making process for local syringe exchange programs.

Syringe Exchange Programs

Syringe exchange programs provide people who inject drugs with an opportunity to reduce the spread of bloodborne diseases such as HIV and HCV, use sterile syringes, share syringes less often, and safely dispose of used syringes. The programs serve to connect hard-to-reach people who inject drugs with important public health services, including HIV and HCV testing, substance abuse treatment, sexually transmitted disease (STD) screening and treatment, and risk reduction counseling.

Syringe Exchange Law in Indiana (<https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251>)

In May, a new law went into effect to allow local health departments and law enforcement to work together to start a needle exchange program in their counties if the following criteria are met:

297. Local health officer declares to county/municipality:
 - a. There is an epidemic of HCV or HIV;
 - b. The primary mode of transmission of HCV or HIV is injection drug use;
 - c. That a Syringe Exchange Program is medically appropriate as part of the comprehensive public health response.
298. The executive/legislative body of county/municipality:
 - a. Conducts a public hearing and
 - b. Takes official action that adopts the declaration of the local health officer.
299. The executive/legislative body of county/municipality:
 - a. Notifies the State Health Commissioner of declaration;
 - b. Requests the State Health Commissioner to declare a public health emergency;
 - c. Indicates other measures taken to address the epidemic have not worked.
300. Commissioner must approve or deny within 10 days from submission.
 - a. Can request additional information extending the deadline for an additional 10 days

More information on steps local health departments and health care providers can take is found in the CDC Health Advisory at <http://emergency.cdc.gov/han/han00377.asp>.

Spotlight on Sullivan County, Indiana

	Sullivan County	Indiana
Population, 2014	21,050	6,596,855
HIV and HCV		
New HIV cases (rate per 100,000 population), 2014	<5 (*)	515 (8)
Total number of people living with HIV, 2014	17	11,547
Newly reported HCV cases (rate per 100,000 population), 2013	7 (33)	4,535 (69)
Drug overdoses and deaths		
Annual average number of drug poisoning deaths (total rate per 100,000 population), 2009-2013**	5 (27)	966 (15)
Drug poisoning deaths per 100,000 population (rate per 100,000 pop), 2013	6 (28)	1049 (16)
Annual average number of non-fatal emergency room visits due to opioid overdoses (total rate per 100,000 population), 2009-2013**	6 (31)	1820 (28)
Non-fatal emergency room visits due to opioid overdoses (rate per 100,000 population), 2013	8 (38)	2,157 (33)
STDs		
Chlamydia cases (rate per 100,000 population), 2013	45 (212)	28,023 (432)
Gonorrhea cases (rate per 100,000 population), 2013	<5 (*)	7,144 (110)

*Numbers less than 5, including 0.

**Drug poisoning deaths: underlying cause of death coded on death certificate as drug overdose fatality or "acute drug overdose."

HCV

HCV is spread through contact with blood of an infected person, primarily through sharing contaminated needles or injection drug use equipment (CDC fact sheet). There is no vaccine for HCV. The best way to prevent HCV infection is to never inject drugs or to stop injecting drugs by getting into and staying in a drug treatment program (CDC). People who continue to inject drugs should use new, sterile syringes each time and never reuse or share needles, water, or other drug preparation equipment. The Centers for Disease Control and Prevention (CDC) recommends HCV testing for people who inject drugs, all people living with HIV, and everyone born during 1945-1965.

Substance Abuse

People abuse substances such as drugs, alcohol, and tobacco for varied reasons. Substance abuse can have negative social, physical, mental, and public health impact on individuals, families and communities. In 2013, an estimated 9.4% of people over the age of 12 in the US engaged in illegal drug use.

Key Support Services and Staff

Disease Intervention Specialists conduct partner notification, verify treatment of infected individuals, assist infected individuals in developing risk-reduction plans, and refer for HIV Care Coordination.

HIV Care Coordinators provide an individualized plan of care that includes medical, psychosocial, financial, and other supportive services for free.

ISDH HIV Special Populations Support Program provides intensive support services to individuals diagnosed with HIV disease and chemical dependency. Services are offered throughout the state at 12 sites. For more information, call 317-233-7418.

Substance abuse and treatment services are provided by various providers in the area. For information, contact SAMHSA's National Helpline 1-800-487-4889 for 24-hour free and confidential treatment referral and information.

STD Prevention is HIV Prevention. The ISDH STD Prevention Program has opportunities for local health departments to receive test materials and medications for Chlamydia and gonorrhea. For more information, contact std@isdh.in.gov.

Key Contacts for Sullivan County

Disease Investigation area: District 7

Local HIV Care Coordination

Positive Link IU Bloomington
(800)313-4645

Disease Intervention Specialists

Julie Hartley (812)349-2829
Miranda Ettinger

HIV & STD Prevention Services

Crisis Pregnancy Center of Terre Haute

1527 Poplar St, Terre Haute, IN 47807
(812)234-8059

Free or inexpensive STD/HIV testing and treatment

For more information, visit the ISDH HIV/STD website at: <https://secure.in.gov/isdh/17397.htm>

or contact the ISDH Local Health Department Outreach Division at
LHDinfo@isdh.in.gov (please put "County Profile" in subject line) or **317-234-6623**.

Switzerland County Profile

Background

In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxycodone (brand name Opana) and sharing needles.

What Local Health Departments Can Do

As the local “eyes and ears on the ground,” public health staff are critical to the identification of outbreaks. To do this, the following are important:

- Promptly report new HIV cases to the ISDH Division of HIV/STD/Viral Hepatitis.
- Promptly report new HCV cases to the ISDH Epidemiology Resources Center.
- Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
- Become familiar with local data so any increases are easily identified.
- Know who to contact for assistance and appropriate health services.

This Profile is a tool to become familiar with local data, local resources, and to assist you in the decision-making process for local syringe exchange programs.

Syringe Exchange Programs

Syringe exchange programs provide people who inject drugs with an opportunity to reduce the spread of bloodborne diseases such as HIV and HCV, use sterile syringes, share syringes less often, and safely dispose of used syringes. The programs serve to connect hard-to-reach people who inject drugs with important public health services, including HIV and HCV testing, substance abuse treatment, sexually transmitted disease (STD) screening and treatment, and risk reduction counseling.

Syringe Exchange Law in Indiana (<https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251>)

In May, a new law went into effect to allow local health departments and law enforcement to work together to start a needle exchange program in their counties if the following criteria are met:

301. Local health officer declares to county/municipality:
 - a. There is an epidemic of HCV or HIV;
 - b. The primary mode of transmission of HCV or HIV is injection drug use;
 - c. That a Syringe Exchange Program is medically appropriate as part of the comprehensive public health response.
302. The executive/legislative body of county/municipality:
 - a. Conducts a public hearing and
 - b. Takes official action that adopts the declaration of the local health officer.
303. The executive/legislative body of county/municipality:
 - a. Notifies the State Health Commissioner of declaration;
 - b. Requests the State Health Commissioner to declare a public health emergency;
 - c. Indicates other measures taken to address the epidemic have not worked.
304. Commissioner must approve or deny within 10 days from submission.
 - a. Can request additional information extending the deadline for an additional 10 days

More information on steps local health departments and health care providers can take is found in the CDC Health Advisory at <http://emergency.cdc.gov/han/han00377.asp>.

Spotlight on Switzerland County, Indiana

	Switzerland County	Indiana
Population, 2014	10,452	6,596,855
HIV and HCV		
New HIV cases (rate per 100,000 population), 2014	<5 (*)	515 (8)
Total number of people living with HIV, 2014	10	11,547
Newly reported HCV cases (rate per 100,000 population), 2013	15 (142)	4,535 (69)
Drug overdoses and deaths		
Annual average number of drug poisoning deaths (total rate per 100,000 population), 2009-2013**	<5 (*)	966 (15)
Drug poisoning deaths per 100,000 population (rate per 100,000 pop), 2013	<5 (*)	1049 (16)
Annual average number of non-fatal emergency room visits due to opioid overdoses (total rate per 100,000 population), 2009-2013**	<5 (*)	1820 (28)
Non-fatal emergency room visits due to opioid overdoses (rate per 100,000 population), 2013	<5 (*)	2,157 (33)
STDs		
Chlamydia cases (rate per 100,000 population), 2013	21 (200)	28,023 (432)
Gonorrhea cases (rate per 100,000 population), 2013	5 (*)	7,144 (110)

*Numbers less than 5, including 0.

**Drug poisoning deaths: underlying cause of death coded on death certificate as drug overdose fatality or "acute drug overdose."

HCV

HCV is spread through contact with blood of an infected person, primarily through sharing contaminated needles or injection drug use equipment (CDC fact sheet). There is no vaccine for HCV. The best way to prevent HCV infection is to never inject drugs or to stop injecting drugs by getting into and staying in a drug treatment program (CDC). People who continue to inject drugs should use new, sterile syringes each time and never reuse or share needles, water, or other drug preparation equipment. The Centers for Disease Control and Prevention (CDC) recommends HCV testing for people who inject drugs, all people living with HIV, and everyone born during 1945-1965.

Substance Abuse

People abuse substances such as drugs, alcohol, and tobacco for varied reasons. Substance abuse can have negative social, physical, mental, and public health impact on individuals, families and communities. In 2013, an estimated 9.4% of people over the age of 12 in the US engaged in illegal drug use.

Key Support Services and Staff

Disease Intervention Specialists conduct partner notification, verify treatment of infected individuals, assist infected individuals in developing risk-reduction plans, and refer for HIV Care Coordination.

HIV Care Coordinators provide an individualized plan of care that includes medical, psychosocial, financial, and other supportive services for free.

ISDH HIV Special Populations Support Program provides intensive support services to individuals diagnosed with HIV disease and chemical dependency. Services are offered throughout the state at 12 sites. For more information, call 317-233-7418.

Substance abuse and treatment services are provided by various providers in the area. For information, contact SAMHSA's National Helpline 1-800-487-4889 for 24-hour free and confidential treatment referral and information.

STD Prevention is HIV Prevention. The ISDH STD Prevention Program has opportunities for local health departments to receive test materials and medications for Chlamydia and gonorrhea. For more information, contact std@isdh.in.gov.

Key Contacts for Switzerland County

Disease Investigation area: District 9

Local HIV Care Coordination

Clark County Health Department
(800)828-5624

Disease Intervention Specialists

Dorothy Waterhouse (812)288-2706
Jesse Shields (812)283-2738

HIV & STD Prevention Services

Clark County Health Department

1301 Akers Ave, Jeffersonville, IN 47130
M-F 9AM-5PM, (812)288-2706

Free HIV testing M-F by appointment only
STD testing on Tuesday afternoons, \$20.00 fee

For more information, visit the ISDH HIV/STD website at: <https://secure.in.gov/isdh/17397.htm>

or contact the ISDH Local Health Department Outreach Division at

LHDinfo@isdh.in.gov (please put "County Profile" in subject line) or 317-234-6623.

Tippecanoe County Profile

Background

In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxycodone (brand name Opana) and sharing needles.

What Local Health Departments Can Do

As the local “eyes and ears on the ground,” public health staff are critical to the identification of outbreaks. To do this, the following are important:

- Promptly report new HIV cases to the ISDH Division of HIV/STD/Viral Hepatitis.
- Promptly report new HCV cases to the ISDH Epidemiology Resources Center.
- Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
- Become familiar with local data so any increases are easily identified.
- Know who to contact for assistance and appropriate health services.

This Profile is a tool to become familiar with local data, local resources, and to assist you in the decision-making process for local syringe exchange programs.

Syringe Exchange Programs

Syringe exchange programs provide people who inject drugs with an opportunity to reduce the spread of bloodborne diseases such as HIV and HCV, use sterile syringes, share syringes less often, and safely dispose of used syringes. The programs serve to connect hard-to-reach people who inject drugs with important public health services, including HIV and HCV testing, substance abuse treatment, sexually transmitted disease (STD) screening and treatment, and risk reduction counseling.

Syringe Exchange Law in Indiana (<https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251>)

In May, a new law went into effect to allow local health departments and law enforcement to work together to start a needle exchange program in their counties if the following criteria are met:

305. Local health officer declares to county/municipality:
 - a. There is an epidemic of HCV or HIV;
 - b. The primary mode of transmission of HCV or HIV is injection drug use;
 - c. That a Syringe Exchange Program is medically appropriate as part of the comprehensive public health response.
306. The executive/legislative body of county/municipality:
 - a. Conducts a public hearing and
 - b. Takes official action that adopts the declaration of the local health officer.
307. The executive/legislative body of county/municipality:
 - a. Notifies the State Health Commissioner of declaration;
 - b. Requests the State Health Commissioner to declare a public health emergency;
 - c. Indicates other measures taken to address the epidemic have not worked.
308. Commissioner must approve or deny within 10 days from submission.
 - a. Can request additional information extending the deadline for an additional 10 days

More information on steps local health departments and health care providers can take is found in the CDC Health Advisory at <http://emergency.cdc.gov/han/han00377.asp>.

Spotlight on *Tippecanoe County, Indiana*

	Tippecanoe County	Indiana
Population, 2014	183,074	6,596,855
HIV and HCV		
New HIV cases (rate per 100,000 population), 2014	<5 (*)	515 (8)
Total number of people living with HIV, 2014	167	11,547
Newly reported HCV cases (rate per 100,000 population), 2013	45 (25)	4,535 (69)
Drug overdoses and deaths		
Annual average number of drug poisoning deaths (total rate per 100,000 population), 2009-2013**	22 (13)	966 (15)
Drug poisoning deaths per 100,000 population (rate per 100,000 pop), 2013	26 (14)	1049 (16)
Annual average number of non-fatal emergency room visits due to opioid overdoses (total rate per 100,000 population), 2009-2013**	46 (26)	1820 (28)
Non-fatal emergency room visits due to opioid overdoses (rate per 100,000 population), 2013	55 (30)	2,157 (33)
STDs		
Chlamydia cases (rate per 100,000 population), 2013	836 (464)	28,023 (432)
Gonorrhea cases (rate per 100,000 population), 2013	175 (97)	7,144 (110)

*Numbers less than 5, including 0.

**Drug poisoning deaths: underlying cause of death coded on death certificate as drug overdose fatality or "acute drug overdose."

HCV

HCV is spread through contact with blood of an infected person, primarily through sharing contaminated needles or injection drug use equipment (CDC fact sheet). There is no vaccine for HCV. The best way to prevent HCV infection is to never inject drugs or to stop injecting drugs by getting into and staying in a drug treatment program (CDC). People who continue to inject drugs should use new, sterile syringes each time and never reuse or share needles, water, or other drug preparation equipment. The Centers for Disease Control and Prevention (CDC) recommends HCV testing for people who inject drugs, all people living with HIV, and everyone born during 1945-1965.

Substance Abuse

People abuse substances such as drugs, alcohol, and tobacco for varied reasons. Substance abuse can have negative social, physical, mental, and public health impact on individuals, families and communities. In 2013, an estimated 9.4% of people over the age of 12 in the US engaged in illegal drug use.

Key Support Services and Staff

Disease Intervention Specialists conduct partner notification, verify treatment of infected individuals, assist infected individuals in developing risk-reduction plans, and refer for HIV Care Coordination.

HIV Care Coordinators provide an individualized plan of care that includes medical, psychosocial, financial, and other supportive services for free.

ISDH HIV Special Populations Support Program provides intensive support services to individuals diagnosed with HIV disease and chemical dependency. Services are offered throughout the state at 12 sites. For more information, call 317-233-7418.

Substance abuse and treatment services are provided by various providers in the area. For information, contact SAMHSA's National Helpline 1-800-487-4889 for 24-hour free and confidential treatment referral and information.

STD Prevention is HIV Prevention. The ISDH STD Prevention Program has opportunities for local health departments to receive test materials and medications for Chlamydia and gonorrhea. For more information, contact std@isdh.in.gov.

Key Contacts for Tippecanoe County Disease Investigation area: District 4

Local HIV Care Coordination

Aspire (West)
(765)742-4881

Disease Intervention Specialists

Summer Wagner-Walker
(765)635-7666

HIV & STD Prevention Services

Tippecanoe County Health Department

629 N. 6th St, Suite A, Lafayette, IN, 47901
(765)423-9222, Please call for an appointment

Aspire Indiana

1231 Cumberland Ave, Suite C, West Lafayette, IN 47906
(765)742-4481, Free Hep C and HIV testing

For more information, visit the ISDH HIV/STD website at: <https://secure.in.gov/isdh/17397.htm>

or contact the ISDH Local Health Department Outreach Division at

LHInfo@isdh.in.gov (please put "County Profile" in subject line) or **317-234-6623**.

Tipton County Profile

Background

In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxycodone (brand name Opana) and sharing needles.

What Local Health Departments Can Do

As the local “eyes and ears on the ground,” public health staff are critical to the identification of outbreaks. To do this, the following are important:

- Promptly report new HIV cases to the ISDH Division of HIV/STD/Viral Hepatitis.
- Promptly report new HCV cases to the ISDH Epidemiology Resources Center.
- Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
- Become familiar with local data so any increases are easily identified.
- Know who to contact for assistance and appropriate health services.

This Profile is a tool to become familiar with local data, local resources, and to assist you in the decision-making process for local syringe exchange programs.

Syringe Exchange Programs

Syringe exchange programs provide people who inject drugs with an opportunity to reduce the spread of bloodborne diseases such as HIV and HCV, use sterile syringes, share syringes less often, and safely dispose of used syringes. The programs serve to connect hard-to-reach people who inject drugs with important public health services, including HIV and HCV testing, substance abuse treatment, sexually transmitted disease (STD) screening and treatment, and risk reduction counseling.

Syringe Exchange Law in Indiana (<https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251>)

In May, a new law went into effect to allow local health departments and law enforcement to work together to start a needle exchange program in their counties if the following criteria are met:

309. Local health officer declares to county/municipality:
 - a. There is an epidemic of HCV or HIV;
 - b. The primary mode of transmission of HCV or HIV is injection drug use;
 - c. That a Syringe Exchange Program is medically appropriate as part of the comprehensive public health response.
310. The executive/legislative body of county/municipality:
 - a. Conducts a public hearing and
 - b. Takes official action that adopts the declaration of the local health officer.
311. The executive/legislative body of county/municipality:
 - a. Notifies the State Health Commissioner of declaration;
 - b. Requests the State Health Commissioner to declare a public health emergency;
 - c. Indicates other measures taken to address the epidemic have not worked.
312. Commissioner must approve or deny within 10 days from submission.
 - a. Can request additional information extending the deadline for an additional 10 days

More information on steps local health departments and health care providers can take is found in the CDC Health Advisory at <http://emergency.cdc.gov/han/han00377.asp>.

Spotlight on Tipton County, Indiana

	Tipton County	Indiana
Population, 2014	15,415	6,596,855
HIV and HCV		
New HIV cases (rate per 100,000 population), 2014	<5 (*)	515 (8)
Total number of people living with HIV, 2014	<5	11,547
Newly reported HCV cases (rate per 100,000 population), 2013	<5 (*)	4,535 (69)
Drug overdoses and deaths		
Annual average number of drug poisoning deaths (total rate per 100,000 population), 2009-2013**	<5 (*)	966 (15)
Drug poisoning deaths per 100,000 population (rate per 100,000 pop), 2013	<5 (8)	1049 (16)
Annual average number of non-fatal emergency room visits due to opioid overdoses (total rate per 100,000 population), 2009-2013**	<5 (*)	1820 (28)
Non-fatal emergency room visits due to opioid overdoses (rate per 100,000 population), 2013	5 (32)	2,157 (33)
STDs		
Chlamydia cases (rate per 100,000 population), 2013	21 (134)	28,023 (432)
Gonorrhea cases (rate per 100,000 population), 2013	<5 (*)	7,144 (110)

*Numbers less than 5, including 0.

**Drug poisoning deaths: underlying cause of death coded on death certificate as drug overdose fatality or "acute drug overdose."

HCV

HCV is spread through contact with blood of an infected person, primarily through sharing contaminated needles or injection drug use equipment (CDC fact sheet). There is no vaccine for HCV. The best way to prevent HCV infection is to never inject drugs or to stop injecting drugs by getting into and staying in a drug treatment program (CDC). People who continue to inject drugs should use new, sterile syringes each time and never reuse or share needles, water, or other drug preparation equipment. The Centers for Disease Control and Prevention (CDC) recommends HCV testing for people who inject drugs, all people living with HIV, and everyone born during 1945-1965.

Substance Abuse

People abuse substances such as drugs, alcohol, and tobacco for varied reasons. Substance abuse can have negative social, physical, mental, and public health impact on individuals, families and communities. In 2013, an estimated 9.4% of people over the age of 12 in the US engaged in illegal drug use.

Key Support Services and Staff

Disease Intervention Specialists conduct partner notification, verify treatment of infected individuals, assist infected individuals in developing risk-reduction plans, and refer for HIV Care Coordination.

HIV Care Coordinators provide an individualized plan of care that includes medical, psychosocial, financial, and other supportive services for free.

ISDH HIV Special Populations Support Program provides intensive support services to individuals diagnosed with HIV disease and chemical dependency. Services are offered throughout the state at 12 sites. For more information, call 317-233-7418.

Substance abuse and treatment services are provided by various providers in the area. For information, contact SAMHSA's National Helpline 1-800-487-4889 for 24-hour free and confidential treatment referral and information.

STD Prevention is HIV Prevention. The ISDH STD Prevention Program has opportunities for local health departments to receive test materials and medications for Chlamydia and gonorrhea. For more information, contact std@isdh.in.gov.

Key Contacts for Tipton County

Disease Investigation area: District 4

Local HIV Care Coordination

Aspire (Central)
(765)641-8326 X4528

Disease Intervention Specialists

Summer Wagner-Walker
(765)635-7666

HIV & STD Prevention Services

Madison County Health Department

206 E. 9th St #200, Anderson, IN 46016
(765)641-9524

\$15.00 Fee (covers all tests and possible treatments)

For more information, visit the ISDH HIV/STD website at: <https://secure.in.gov/isdh/17397.htm>

or contact the ISDH Local Health Department Outreach Division at

LHDinfo@isdh.in.gov (please put "County Profile" in subject line) or 317-234-6623.

Union County Profile

Background

In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxycodone (brand name Opana) and sharing needles.

What Local Health Departments Can Do

As the local “eyes and ears on the ground,” public health staff are critical to the identification of outbreaks. To do this, the following are important:

- Promptly report new HIV cases to the ISDH Division of HIV/STD/Viral Hepatitis.
- Promptly report new HCV cases to the ISDH Epidemiology Resources Center.
- Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
- Become familiar with local data so any increases are easily identified.
- Know who to contact for assistance and appropriate health services.

This Profile is a tool to become familiar with local data, local resources, and to assist you in the decision-making process for local syringe exchange programs.

Syringe Exchange Programs

Syringe exchange programs provide people who inject drugs with an opportunity to reduce the spread of bloodborne diseases such as HIV and HCV, use sterile syringes, share syringes less often, and safely dispose of used syringes. The programs serve to connect hard-to-reach people who inject drugs with important public health services, including HIV and HCV testing, substance abuse treatment, sexually transmitted disease (STD) screening and treatment, and risk reduction counseling.

Syringe Exchange Law in Indiana (<https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251>)

In May, a new law went into effect to allow local health departments and law enforcement to work together to start a needle exchange program in their counties if the following criteria are met:

313. Local health officer declares to county/municipality:
 - a. There is an epidemic of HCV or HIV;
 - b. The primary mode of transmission of HCV or HIV is injection drug use;
 - c. That a Syringe Exchange Program is medically appropriate as part of the comprehensive public health response.
314. The executive/legislative body of county/municipality:
 - a. Conducts a public hearing and
 - b. Takes official action that adopts the declaration of the local health officer.
315. The executive/legislative body of county/municipality:
 - a. Notifies the State Health Commissioner of declaration;
 - b. Requests the State Health Commissioner to declare a public health emergency;
 - c. Indicates other measures taken to address the epidemic have not worked.
316. Commissioner must approve or deny within 10 days from submission.
 - a. Can request additional information extending the deadline for an additional 10 days

More information on steps local health departments and health care providers can take is found in the CDC Health Advisory at <http://emergency.cdc.gov/han/han00377.asp>.

Spotlight on Union County, Indiana

	Union County	Indiana
Population, 2014	7,246	6,596,855
HIV and HCV		
New HIV cases (rate per 100,000 population), 2014	<5 (*)	515 (8)
Total number of people living with HIV, 2014	<5	11,547
Newly reported HCV cases (rate per 100,000 population), 2013	7 (96)	4,535 (69)
Drug overdoses and deaths		
Annual average number of drug poisoning deaths (total rate per 100,000 population), 2009-2013*	<5 (*)	966 (15)
Drug poisoning deaths per 100,000 population (rate per 100,000 pop), 2013	<5 (*)	1049 (16)
Annual average number of non-fatal emergency room visits due to opioid overdoses (total rate per 100,000 population), 2009-2013*	<5 (*)	1820 (28)
Non-fatal emergency room visits due to opioid overdoses (rate per 100,000 population), 2013	5 (68)	2,157 (33)
STDs		
Chlamydia cases (rate per 100,000 population), 2013	8 (110)	28,023 (432)
Gonorrhea cases (rate per 100,000 population), 2013	<5 (*)	7,144 (110)

*Numbers less than 5, including 0.

**Drug poisoning deaths: underlying cause of death coded on death certificate as drug overdose fatality or "acute drug overdose."

HCV

HCV is spread through contact with blood of an infected person, primarily through sharing contaminated needles or injection drug use equipment (CDC fact sheet). There is no vaccine for HCV. The best way to prevent HCV infection is to never inject drugs or to stop injecting drugs by getting into and staying in a drug treatment program (CDC). People who continue to inject drugs should use new, sterile syringes each time and never reuse or share needles, water, or other drug preparation equipment. The Centers for Disease Control and Prevention (CDC) recommends HCV testing for people who inject drugs, all people living with HIV, and everyone born during 1945-1965.

Substance Abuse

People abuse substances such as drugs, alcohol, and tobacco for varied reasons. Substance abuse can have negative social, physical, mental, and public health impact on individuals, families and communities. In 2013, an estimated 9.4% of people over the age of 12 in the US engaged in illegal drug use.

Key Support Services and Staff

Disease Intervention Specialists conduct partner notification, verify treatment of infected individuals, assist infected individuals in developing risk-reduction plans, and refer for HIV Care Coordination.

HIV Care Coordinators provide an individualized plan of care that includes medical, psychosocial, financial, and other supportive services for free.

ISDH HIV Special Populations Support Program provides intensive support services to individuals diagnosed with HIV disease and chemical dependency. Services are offered throughout the state at 12 sites. For more information, call 317-233-7418.

Substance abuse and treatment services are provided by various providers in the area. For information, contact SAMHSA's National Helpline 1-800-487-4889 for 24-hour free and confidential treatment referral and information.

STD Prevention is HIV Prevention. The ISDH STD Prevention Program has opportunities for local health departments to receive test materials and medications for Chlamydia and gonorrhea. For more information, contact std@isdh.in.gov.

Key Contacts for Union County

Disease Investigation area: District 6

Local HIV Care Coordination

Aspire (Southeast)
(765)962-8742

Disease Intervention Specialists

Melody Fuqua (765)254-1574
Brandon Todd (765)288-0763

HIV & STD Prevention Services

Union County Health Department

6 W. South St #2, Liberty, IN 47353

Provides All STD, Hepatitis B & C testing and HIV testing by appointment (765)458-5393

Will bill insurance, \$20.00 to see doctor and will make adjustments for hardships

Hours: Tuesday, Wednesday and Thursday 8AM-5PM

Friday, 8AM – 4PM

For more information, visit the ISDH HIV/STD website at: <https://secure.in.gov/isdh/17397.htm>

or contact the ISDH Local Health Department Outreach Division at

LHDinfo@isdh.in.gov (please put "County Profile" in subject line) or **317-234-6623**.

Vanderburgh County Profile

Background

In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. . In addition, as of as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxymorphone (brand name Opana) and sharing needles.

What Local Health Departments Can Do

As the local “eyes and ears on the ground,” public health staff are critical to the identification of outbreaks. To do this, the following are important:

- Promptly report new HIV cases to the ISDH Division of HIV/STD/Viral Hepatitis.
- Promptly report new HCV cases to the ISDH Epidemiology Resources Center.
- Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
- Become familiar with local data so any increases are easily identified.
- Know who to contact for assistance and appropriate health services.

This Profile is a tool to become familiar with local data, local resources, and to assist you in the decision-making process for local syringe exchange programs.

Syringe Exchange Programs

Syringe exchange programs provide people who inject drugs with an opportunity to reduce the spread of bloodborne diseases such as HIV and HCV, use sterile syringes, share syringes less often, and safely dispose of used syringes. The programs serve to connect hard-to-reach people who inject drugs with important public health services, including HIV and HCV testing, substance abuse treatment, sexually transmitted disease (STD) screening and treatment, and risk reduction counseling.

Syringe Exchange Law in Indiana (<https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251>)

In May, a new law went into effect to allow local health departments and law enforcement to work together to start a needle exchange program in their counties if the following criteria are met:

317. Local health officer declares to county/municipality:
 - a. There is an epidemic of HCV or HIV;
 - b. The primary mode of transmission of HCV or HIV is injection drug use;
 - c. That a Syringe Exchange Program is medically appropriate as part of the comprehensive public health response.
318. The executive/legislative body of county/municipality:
 - a. Conducts a public hearing and
 - b. Takes official action that adopts the declaration of the local health officer.
319. The executive/legislative body of county/municipality:
 - a. Notifies the State Health Commissioner of declaration;
 - b. Requests the State Health Commissioner to declare a public health emergency;
 - c. Indicates other measures taken to address the epidemic have not worked.
320. Commissioner must approve or deny within 10 days from submission.
 - a. Can request additional information extending the deadline for an additional 10 days

More information on steps local health departments and health care providers can take is found in the CDC Health Advisory at <http://emergency.cdc.gov/han/han00377.asp>.

Spotlight on Vanderburgh County, Indiana

	Vanderburgh County	Indiana
Population, 2014	182,006	6,596,855
HIV and HCV		
New HIV cases (rate per 100,000 population), 2014	10 (6)	515 (8)
Total number of people living with HIV, 2014	321	11,547
Newly reported HCV cases (rate per 100,000 population), 2013	151 (83)	4,535 (69)
Drug overdoses and deaths		
Annual average number of drug poisoning deaths (total rate per 100,000 population), 2009-2013**	46 (26)	966 (15)
Drug poisoning deaths per 100,000 population (rate per 100,000 pop), 2013	36 (20)	1049 (16)
Annual average number of non-fatal emergency room visits due to opioid overdoses (total rate per 100,000 population), 2009-2013**	31 (17)	1820 (28)
Non-fatal emergency room visits due to opioid overdoses (rate per 100,000 population), 2013	31 (17)	2,157 (33)
STDs		
Chlamydia cases (rate per 100,000 population), 2013	918 (506)	28,023 (432)
Gonorrhea cases (rate per 100,000 population), 2013	309 (170)	7,144 (110)

*Numbers less than 5, including 0.

**Drug poisoning deaths: underlying cause of death coded on death certificate as drug overdose fatality or "acute drug overdose."

HCV

HCV is spread through contact with blood of an infected person, primarily through sharing contaminated needles or injection drug use equipment (CDC fact sheet). There is no vaccine for HCV. The best way to prevent HCV infection is to never inject drugs or to stop injecting drugs by getting into and staying in a drug treatment program (CDC). People who continue to inject drugs should use new, sterile syringes each time and never reuse or share needles, water, or other drug preparation equipment. The Centers for Disease Control and Prevention (CDC) recommends HCV testing for people who inject drugs, all people living with HIV, and everyone born during 1945-1965.

Substance Abuse

People abuse substances such as drugs, alcohol, and tobacco for varied reasons. Substance abuse can have negative social, physical, mental, and public health impact on individuals, families and communities. In 2013, an estimated 9.4% of people over the age of 12 in the US engaged in illegal drug use.

Key Support Services and Staff

Disease Intervention Specialists conduct partner notification, verify treatment of infected individuals, assist infected individuals in developing risk-reduction plans, and refer for HIV Care Coordination.

HIV Care Coordinators provide an individualized plan of care that includes medical, psychosocial, financial, and other supportive services for free.

ISDH HIV Special Populations Support Program provides intensive support services to individuals diagnosed with HIV disease and chemical dependency. Services are offered throughout the state at 12 sites. For more information, call 317-233-7418.

Substance abuse and treatment services are provided by various providers in the area. For information, contact SAMHSA's National Helpline 1-800-487-4889 for 24-hour free and confidential treatment referral and information.

STD Prevention is HIV Prevention. The ISDH STD Prevention Program has opportunities for local health departments to receive test materials and medications for Chlamydia and gonorrhea. For more information, contact std@isdh.in.gov.

Key Contacts for Vanderburgh County

Disease Investigation area: District 8
Local HIV Care Coordination
 AIDS Resource Group of Evansville
 (800)423-6255

Disease Intervention Specialists
 Wallace Corbitt, 812-435-5683
 Wallace Paynter
 Ashlee Stone Neighbors

HIV & STD Prevention Services

Vanderburgh County Health Department
 420 Mulberry St, Evansville, IN 47713
 \$20.00 Exam, \$10.00 treatment fee
 HIV and STD testing available

For more information, visit the ISDH HIV/STD website at: <https://secure.in.gov/isdh/17397.htm>

or contact the ISDH Local Health Department Outreach Division at

LHDinfo@isdh.in.gov (please put "County Profile" in subject line) or **317-234-6623**.

Vermillion County Profile

Background

In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxycodone (brand name Opana) and sharing needles.

What Local Health Departments Can Do

As the local “eyes and ears on the ground,” public health staff are critical to the identification of outbreaks. To do this, the following are important:

- Promptly report new HIV cases to the ISDH Division of HIV/STD/Viral Hepatitis.
- Promptly report new HCV cases to the ISDH Epidemiology Resources Center.
- Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
- Become familiar with local data so any increases are easily identified.
- Know who to contact for assistance and appropriate health services.

This Profile is a tool to become familiar with local data, local resources, and to assist you in the decision-making process for local syringe exchange programs.

Syringe Exchange Programs

Syringe exchange programs provide people who inject drugs with an opportunity to reduce the spread of bloodborne diseases such as HIV and HCV, use sterile syringes, share syringes less often, and safely dispose of used syringes. The programs serve to connect hard-to-reach people who inject drugs with important public health services, including HIV and HCV testing, substance abuse treatment, sexually transmitted disease (STD) screening and treatment, and risk reduction counseling.

Syringe Exchange Law in Indiana (<https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251>)

In May, a new law went into effect to allow local health departments and law enforcement to work together to start a needle exchange program in their counties if the following criteria are met:

321. Local health officer declares to county/municipality:
 - a. There is an epidemic of HCV or HIV;
 - b. The primary mode of transmission of HCV or HIV is injection drug use;
 - c. That a Syringe Exchange Program is medically appropriate as part of the comprehensive public health response.
322. The executive/legislative body of county/municipality:
 - a. Conducts a public hearing and
 - b. Takes official action that adopts the declaration of the local health officer.
323. The executive/legislative body of county/municipality:
 - a. Notifies the State Health Commissioner of declaration;
 - b. Requests the State Health Commissioner to declare a public health emergency;
 - c. Indicates other measures taken to address the epidemic have not worked.
324. Commissioner must approve or deny within 10 days from submission.
 - a. Can request additional information extending the deadline for an additional 10 days

More information on steps local health departments and health care providers can take is found in the CDC Health Advisory at <http://emergency.cdc.gov/han/han00377.asp>.

Spotlight on Vermillion County, Indiana

	Vermillion County	Indiana
Population, 2014	15,693	6,596,855
HIV and HCV		
New HIV cases (rate per 100,000 population), 2014	<5 (*)	515 (8)
Total number of people living with HIV, 2014	7	11,547
Newly reported HCV cases (rate per 100,000 population), 2013	6 (38)	4,535 (69)
Drug overdoses and deaths		
Annual average number of drug poisoning deaths (total rate per 100,000 population), 2009-2013**	<5 (*)	966 (15)
Drug poisoning deaths per 100,000 population (rate per 100,000 pop), 2013	<5 (*)	1049 (16)
Annual average number of non-fatal emergency room visits due to opioid overdoses (total rate per 100,000 population), 2009-2013**	<5 (*)	1820 (28)
Non-fatal emergency room visits due to opioid overdoses (rate per 100,000 population), 2013	<5 (*)	2,157 (33)
STDs		
Chlamydia cases (rate per 100,000 population), 2013	27 (170)	28,023 (432)
Gonorrhea cases (rate per 100,000 population), 2013	6 (38)	7,144 (110)

*Numbers less than 5, including 0.

**Drug poisoning deaths: underlying cause of death coded on death certificate as drug overdose fatality or "acute drug overdose."

HCV

HCV is spread through contact with blood of an infected person, primarily through sharing contaminated needles or injection drug use equipment (CDC fact sheet). There is no vaccine for HCV. The best way to prevent HCV infection is to never inject drugs or to stop injecting drugs by getting into and staying in a drug treatment program (CDC). People who continue to inject drugs should use new, sterile syringes each time and never reuse or share needles, water, or other drug preparation equipment. The Centers for Disease Control and Prevention (CDC) recommends HCV testing for people who inject drugs, all people living with HIV, and everyone born during 1945-1965.

Substance Abuse

People abuse substances such as drugs, alcohol, and tobacco for varied reasons. Substance abuse can have negative social, physical, mental, and public health impact on individuals, families and communities. In 2013, an estimated 9.4% of people over the age of 12 in the US engaged in illegal drug use.

Key Support Services and Staff

Disease Intervention Specialists conduct partner notification, verify treatment of infected individuals, assist infected individuals in developing risk-reduction plans, and refer for HIV Care Coordination.

HIV Care Coordinators provide an individualized plan of care that includes medical, psychosocial, financial, and other supportive services for free.

ISDH HIV Special Populations Support Program provides intensive support services to individuals diagnosed with HIV disease and chemical dependency. Services are offered throughout the state at 12 sites. For more information, call 317-233-7418.

Substance abuse and treatment services are provided by various providers in the area. For information, contact SAMHSA's National Helpline 1-800-487-4889 for 24-hour free and confidential treatment referral and information.

STD Prevention is HIV Prevention. The ISDH STD Prevention Program has opportunities for local health departments to receive test materials and medications for Chlamydia and gonorrhea. For more information, contact std@isdh.in.gov.

Key Contacts for Vermillion County

Disease Investigation area: District 7

Local HIV Care Coordination

Positive Link IU Bloomington
(800)313-4645

Disease Intervention Specialists

Julie Hartley (812)349-2829
Miranda Ettinger

HIV & STD Prevention Services

Crisis Pregnancy Center of Terre Haute

1527 Poplar St, Terre Haute, IN 47807
(812)234-8059

Free or inexpensive STD/HIV testing and treatment

Terre Haute Health Connections

500 Hospital Ln #101, Terre Haute, 47802 (812)234-0707
Low Cost, sliding scale fees, Must be family planning patient or willing to become one

For more information, visit the ISDH HIV/STD website at: <https://secure.in.gov/isdh/17397.htm>

or contact the ISDH Local Health Department Outreach Division at

LHDinfo@isdh.in.gov (please put "County Profile" in subject line) or 317-234-6623.

Vigo County Profile

Background

In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxycodone (brand name Opana) and sharing needles.

What Local Health Departments Can Do

As the local “eyes and ears on the ground,” public health staff are critical to the identification of outbreaks. To do this, the following are important:

- Promptly report new HIV cases to the ISDH Division of HIV/STD/Viral Hepatitis.
- Promptly report new HCV cases to the ISDH Epidemiology Resources Center.
- Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
- Become familiar with local data so any increases are easily identified.
- Know who to contact for assistance and appropriate health services.

This Profile is a tool to become familiar with local data, local resources, and to assist you in the decision-making process for local syringe exchange programs.

Syringe Exchange Programs

Syringe exchange programs provide people who inject drugs with an opportunity to reduce the spread of bloodborne diseases such as HIV and HCV, use sterile syringes, share syringes less often, and safely dispose of used syringes. The programs serve to connect hard-to-reach people who inject drugs with important public health services, including HIV and HCV testing, substance abuse treatment, sexually transmitted disease (STD) screening and treatment, and risk reduction counseling.

Syringe Exchange Law in Indiana (<https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251>)

In May, a new law went into effect to allow local health departments and law enforcement to work together to start a needle exchange program in their counties if the following criteria are met:

325. Local health officer declares to county/municipality:
 - a. There is an epidemic of HCV or HIV;
 - b. The primary mode of transmission of HCV or HIV is injection drug use;
 - c. That a Syringe Exchange Program is medically appropriate as part of the comprehensive public health response.
326. The executive/legislative body of county/municipality:
 - a. Conducts a public hearing and
 - b. Takes official action that adopts the declaration of the local health officer.
327. The executive/legislative body of county/municipality:
 - a. Notifies the State Health Commissioner of declaration;
 - b. Requests the State Health Commissioner to declare a public health emergency;
 - c. Indicates other measures taken to address the epidemic have not worked.
328. Commissioner must approve or deny within 10 days from submission.
 - a. Can request additional information extending the deadline for an additional 10 days

More information on steps local health departments and health care providers can take is found in the CDC Health Advisory at <http://emergency.cdc.gov/han/han00377.asp>.

Spotlight on Vigo County, Indiana

	Vigo County	Indiana
Population, 2014	108,175	6,596,855
HIV and HCV		
New HIV cases (rate per 100,000 population), 2014	11 (10)	515 (8)
Total number of people living with HIV, 2014	274	11,547
Newly reported HCV cases (rate per 100,000 population), 2013	126 (116)	4,535 (69)
Drug overdoses and deaths		
Annual average number of drug poisoning deaths (total rate per 100,000 population), 2009-2013**	20 (19)	966 (15)
Drug poisoning deaths per 100,000 population (rate per 100,000 pop), 2013	28 (26)	1049 (16)
Annual average number of non-fatal emergency room visits due to opioid overdoses (total rate per 100,000 population), 2009-2013**	12 (12)	1820 (28)
Non-fatal emergency room visits due to opioid overdoses (rate per 100,000 population), 2013	15 (14)	2,157 (33)
STDs		
Chlamydia cases (rate per 100,000 population), 2013	453 (418)	28,023 (432)
Gonorrhea cases (rate per 100,000 population), 2013	142 (131)	7,144 (110)

*Numbers less than 5, including 0.

**Drug poisoning deaths: underlying cause of death coded on death certificate as drug overdose fatality or "acute drug overdose."

HCV

HCV is spread through contact with blood of an infected person, primarily through sharing contaminated needles or injection drug use equipment (CDC fact sheet). There is no vaccine for HCV. The best way to prevent HCV infection is to never inject drugs or to stop injecting drugs by getting into and staying in a drug treatment program (CDC). People who continue to inject drugs should use new, sterile syringes each time and never reuse or share needles, water, or other drug preparation equipment. The Centers for Disease Control and Prevention (CDC) recommends HCV testing for people who inject drugs, all people living with HIV, and everyone born during 1945-1965.

Substance Abuse

People abuse substances such as drugs, alcohol, and tobacco for varied reasons. Substance abuse can have negative social, physical, mental, and public health impact on individuals, families and communities. In 2013, an estimated 9.4% of people over the age of 12 in the US engaged in illegal drug use.

Key Support Services and Staff

Disease Intervention Specialists conduct partner notification, verify treatment of infected individuals, assist infected individuals in developing risk-reduction plans, and refer for HIV Care Coordination.

HIV Care Coordinators provide an individualized plan of care that includes medical, psychosocial, financial, and other supportive services for free.

ISDH HIV Special Populations Support Program provides intensive support services to individuals diagnosed with HIV disease and chemical dependency. Services are offered throughout the state at 12 sites. For more information, call 317-233-7418.

Substance abuse and treatment services are provided by various providers in the area. For information, contact SAMHSA's National Helpline 1-800-487-4889 for 24-hour free and confidential treatment referral and information.

STD Prevention is HIV Prevention. The ISDH STD Prevention Program has opportunities for local health departments to receive test materials and medications for Chlamydia and gonorrhea. For more information, contact std@isdh.in.gov.

Key Contacts for Vigo County

Disease Investigation area: District 7

Local HIV Care Coordination

Positive Link IU Bloomington
(800)313-4645

Disease Intervention Specialists

Julie Hartley (812)349-2829
Miranda Ettinger

HIV & STD Prevention Services

Crisis Pregnancy Center of Terre Haute

1527 Poplar St, Terre Haute, IN 47807
(812)234-8059

Free or inexpensive STD/HIV testing and treatment

Terre Haute Health Connections

500 Hospital Ln #101, Terre Haute, 47802 (812)234-0707
Low Cost, sliding scale fees, Must be family planning patient or willing to become one

For more information, visit the ISDH HIV/STD website at: <https://secure.in.gov/isdh/17397.htm>

or contact the ISDH Local Health Department Outreach Division at

LHDinfo@isdh.in.gov (please put "County Profile" in subject line) or 317-234-6623.

Warren County Profile

Background

In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxycodone (brand name Opana) and sharing needles.

What Local Health Departments Can Do

As the local “eyes and ears on the ground,” public health staff are critical to the identification of outbreaks. To do this, the following are important:

- Promptly report new HIV cases to the ISDH Division of HIV/STD/Viral Hepatitis.
- Promptly report new HCV cases to the ISDH Epidemiology Resources Center.
- Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
- Become familiar with local data so any increases are easily identified.
- Know who to contact for assistance and appropriate health services.

This Profile is a tool to become familiar with local data, local resources, and to assist you in the decision-making process for local syringe exchange programs.

Syringe Exchange Programs

Syringe exchange programs provide people who inject drugs with an opportunity to reduce the spread of bloodborne diseases such as HIV and HCV, use sterile syringes, share syringes less often, and safely dispose of used syringes. The programs serve to connect hard-to-reach people who inject drugs with important public health services, including HIV and HCV testing, substance abuse treatment, sexually transmitted disease (STD) screening and treatment, and risk reduction counseling.

Syringe Exchange Law in Indiana (<https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251>)

In May, a new law went into effect to allow local health departments and law enforcement to work together to start a needle exchange program in their counties if the following criteria are met:

329. Local health officer declares to county/municipality:
 - a. There is an epidemic of HCV or HIV;
 - b. The primary mode of transmission of HCV or HIV is injection drug use;
 - c. That a Syringe Exchange Program is medically appropriate as part of the comprehensive public health response.
330. The executive/legislative body of county/municipality:
 - a. Conducts a public hearing and
 - b. Takes official action that adopts the declaration of the local health officer.
331. The executive/legislative body of county/municipality:
 - a. Notifies the State Health Commissioner of declaration;
 - b. Requests the State Health Commissioner to declare a public health emergency;
 - c. Indicates other measures taken to address the epidemic have not worked.
332. Commissioner must approve or deny within 10 days from submission.
 - a. Can request additional information extending the deadline for an additional 10 days

More information on steps local health departments and health care providers can take is found in the CDC Health Advisory at <http://emergency.cdc.gov/han/han00377.asp>.

Spotlight on Warren County, Indiana

	Warren County	Indiana
Population, 2014	8,352	6,596,855
HIV and HCV		
New HIV cases (rate per 100,000 population), 2014	<5 *	515 (8)
Total number of people living with HIV, 2014	<5	11,547
Newly reported HCV cases (rate per 100,000 population), 2013	<5 *	4,535 (69)
Drug overdoses and deaths		
Annual average number of drug poisoning deaths (total rate per 100,000 population), 2009-2013**	< 5 *	966 (15)
Drug poisoning deaths per 100,000 population (rate per 100,000 pop), 2013	<5 *	1049 (16)
Annual average number of non-fatal emergency room visits due to opioid overdoses (total rate per 100,000 population), 2009-2013**	< 5 *	1820 (28)
Non-fatal emergency room visits due to opioid overdoses (rate per 100,000 population), 2013	<5 *	2,157 (33)
STDs		
Chlamydia cases (rate per 100,000 population), 2013	19 (226)	28,023 (432)
Gonorrhea cases (rate per 100,000 population), 2013	< 5 *	7,144 (110)

*Numbers less than 5, including 0.

**Drug poisoning deaths: underlying cause of death coded on death certificate as drug overdose fatality or "acute drug overdose."

HCV

HCV is spread through contact with blood of an infected person, primarily through sharing contaminated needles or injection drug use equipment (CDC fact sheet). There is no vaccine for HCV. The best way to prevent HCV infection is to never inject drugs or to stop injecting drugs by getting into and staying in a drug treatment program (CDC). People who continue to inject drugs should use new, sterile syringes each time and never reuse or share needles, water, or other drug preparation equipment. The Centers for Disease Control and Prevention (CDC) recommends HCV testing for people who inject drugs, all people living with HIV, and everyone born during 1945-1965.

Substance Abuse

People abuse substances such as drugs, alcohol, and tobacco for varied reasons. Substance abuse can have negative social, physical, mental, and public health impact on individuals, families and communities. In 2013, an estimated 9.4% of people over the age of 12 in the US engaged in illegal drug use.

Key Support Services and Staff

Disease Intervention Specialists conduct partner notification, verify treatment of infected individuals, assist infected individuals in developing risk-reduction plans, and refer for HIV Care Coordination.

HIV Care Coordinators provide an individualized plan of care that includes medical, psychosocial, financial, and other supportive services for free.

ISDH HIV Special Populations Support Program provides intensive support services to individuals diagnosed with HIV disease and chemical dependency. Services are offered throughout the state at 12 sites. For more information, call 317-233-7418.

Substance abuse and treatment services are provided by various providers in the area. For information, contact SAMHSA's National Helpline 1-800-487-4889 for 24-hour free and confidential treatment referral and information.

STD Prevention is HIV Prevention. The ISDH STD Prevention Program has opportunities for local health departments to receive test materials and medications for Chlamydia and gonorrhea. For more information, contact std@isdh.in.gov.

Key Contacts for Warren County

Disease Investigation area: District 4 Local HIV Care Coordination

Aspire (West)
(765)742-4481

Disease Intervention Specialist

Summer Wagner-Walker
(765)635-7666

HIV & STD Prevention Services

Tippecanoe County Health Department

629 N. 6th St, Suite A, Lafayette, IN, 47901
(765)423-9222

Please call for an appointment

Aspire Indiana

1231 Cumberland Ave, Suite C, West Lafayette, IN 47906
(765)742-4481

Free Hep C and HIV testing

For more information, visit the ISDH HIV/STD website at: <https://secure.in.gov/isdh/17397.htm>

or contact the ISDH Local Health Department Outreach Division at

LHDinfo@isdh.in.gov (please put "County Profile" in subject line) or 317-234-6623.

Warrick County Profile

Background

In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxycodone (brand name Opana) and sharing needles.

What Local Health Departments Can Do

As the local “eyes and ears on the ground,” public health staff are critical to the identification of outbreaks. To do this, the following are important:

- Promptly report new HIV cases to the ISDH Division of HIV/STD/Viral Hepatitis.
- Promptly report new HCV cases to the ISDH Epidemiology Resources Center.
- Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
- Become familiar with local data so any increases are easily identified.
- Know who to contact for assistance and appropriate health services.

This Profile is a tool to become familiar with local data, local resources, and to assist you in the decision-making process for local syringe exchange programs.

Syringe Exchange Programs

Syringe exchange programs provide people who inject drugs with an opportunity to reduce the spread of bloodborne diseases such as HIV and HCV, use sterile syringes, share syringes less often, and safely dispose of used syringes. The programs serve to connect hard-to-reach people who inject drugs with important public health services, including HIV and HCV testing, substance abuse treatment, sexually transmitted disease (STD) screening and treatment, and risk reduction counseling.

Syringe Exchange Law in Indiana (<https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251>)

In May, a new law went into effect to allow local health departments and law enforcement to work together to start a needle exchange program in their counties if the following criteria are met:

333. Local health officer declares to county/municipality:
 - a. There is an epidemic of HCV or HIV;
 - b. The primary mode of transmission of HCV or HIV is injection drug use;
 - c. That a Syringe Exchange Program is medically appropriate as part of the comprehensive public health response.
334. The executive/legislative body of county/municipality:
 - a. Conducts a public hearing and
 - b. Takes official action that adopts the declaration of the local health officer.
335. The executive/legislative body of county/municipality:
 - a. Notifies the State Health Commissioner of declaration;
 - b. Requests the State Health Commissioner to declare a public health emergency;
 - c. Indicates other measures taken to address the epidemic have not worked.
336. Commissioner must approve or deny within 10 days from submission.
 - a. Can request additional information extending the deadline for an additional 10 days

More information on steps local health departments and health care providers can take is found in the CDC Health Advisory at <http://emergency.cdc.gov/han/han00377.asp>.

Spotlight on Warrick County, Indiana

	Warrick County	Indiana
Population, 2014	61,149	6,596,855
HIV and HCV		
New HIV cases (rate per 100,000 population), 2014	<5 (*)	515 (8)
Total number of people living with HIV, 2014	34	11,547
Newly reported HCV cases (rate per 100,000 population), 2013	32 (52)	4,535 (69)
Drug overdoses and deaths		
Annual average number of drug poisoning deaths (total rate per 100,000 population), 2009-2013**	4 (8)	966 (15)
Drug poisoning deaths per 100,000 population (rate per 100,000 pop), 2013	<5 (*)	1049 (16)
Annual average number of non-fatal emergency room visits due to opioid overdoses (total rate per 100,000 population), 2009-2013**	10 (18)	1820 (28)
Non-fatal emergency room visits due to opioid overdoses (rate per 100,000 population), 2013	11 (18)	2,157 (33)
STDs		
Chlamydia cases (rate per 100,000 population), 2013	90 (147)	28,023 (432)
Gonorrhea cases (rate per 100,000 population), 2013	18 (30)	7,144 (110)

*Numbers less than 5, including 0.

**Drug poisoning deaths: underlying cause of death coded on death certificate as drug overdose fatality or "acute drug overdose."

HCV

HCV is spread through contact with blood of an infected person, primarily through sharing contaminated needles or injection drug use equipment (CDC fact sheet). There is no vaccine for HCV. The best way to prevent HCV infection is to never inject drugs or to stop injecting drugs by getting into and staying in a drug treatment program (CDC). People who continue to inject drugs should use new, sterile syringes each time and never reuse or share needles, water, or other drug preparation equipment. The Centers for Disease Control and Prevention (CDC) recommends HCV testing for people who inject drugs, all people living with HIV, and everyone born during 1945-1965.

Substance Abuse

People abuse substances such as drugs, alcohol, and tobacco for varied reasons. Substance abuse can have negative social, physical, mental, and public health impact on individuals, families and communities. In 2013, an estimated 9.4% of people over the age of 12 in the US engaged in illegal drug use.

Key Support Services and Staff

Disease Intervention Specialists conduct partner notification, verify treatment of infected individuals, assist infected individuals in developing risk-reduction plans, and refer for HIV Care Coordination.

HIV Care Coordinators provide an individualized plan of care that includes medical, psychosocial, financial, and other supportive services for free.

ISDH HIV Special Populations Support Program provides intensive support services to individuals diagnosed with HIV disease and chemical dependency. Services are offered throughout the state at 12 sites. For more information, call 317-233-7418.

Substance abuse and treatment services are provided by various providers in the area. For information, contact SAMHSA's National Helpline 1-800-487-4889 for 24-hour free and confidential treatment referral and information.

STD Prevention is HIV Prevention. The ISDH STD Prevention Program has opportunities for local health departments to receive test materials and medications for Chlamydia and gonorrhea. For more information, contact std@isdh.in.gov.

Key Contacts for Warrick County

Disease Investigation area: District 8

Local HIV Care Coordination

AIDS Resource Group of Evansville
(800)423-6255

Disease Intervention Specialists

Wallace Corbitt, 812-435-5683
Wallace Paynter
Ashlee Stone Neighbors

HIV & STD Prevention Services

Vanderburgh County Health Department Clinic

420 Mulberry St., Evansville, IN, 47713

(812)435-5683

\$20.00 Exam for STDs and HIV, \$10.00 treatment

For more information, visit the ISDH HIV/STD website at: <https://secure.in.gov/isdh/17397.htm>

or contact the ISDH Local Health Department Outreach Division at

LHDinfo@isdh.in.gov (please put "County Profile" in subject line) or 317-234-6623.

Wabash County Profile

Background

In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxycodone (brand name Opana) and sharing needles.

What Local Health Departments Can Do

As the local “eyes and ears on the ground,” public health staff are critical to the identification of outbreaks. To do this, the following are important:

- Promptly report new HIV cases to the ISDH Division of HIV/STD/Viral Hepatitis.
- Promptly report new HCV cases to the ISDH Epidemiology Resources Center.
- Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
- Become familiar with local data so any increases are easily identified.
- Know who to contact for assistance and appropriate health services.

This Profile is a tool to become familiar with local data, local resources, and to assist you in the decision-making process for local syringe exchange programs.

Syringe Exchange Programs

Syringe exchange programs provide people who inject drugs with an opportunity to reduce the spread of bloodborne diseases such as HIV and HCV, use sterile syringes, share syringes less often, and safely dispose of used syringes. The programs serve to connect hard-to-reach people who inject drugs with important public health services, including HIV and HCV testing, substance abuse treatment, sexually transmitted disease (STD) screening and treatment, and risk reduction counseling.

Syringe Exchange Law in Indiana (<https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251>)

In May, a new law went into effect to allow local health departments and law enforcement to work together to start a needle exchange program in their counties if the following criteria are met:

337. Local health officer declares to county/municipality:
 - a. There is an epidemic of HCV or HIV;
 - b. The primary mode of transmission of HCV or HIV is injection drug use;
 - c. That a Syringe Exchange Program is medically appropriate as part of the comprehensive public health response.
338. The executive/legislative body of county/municipality:
 - a. Conducts a public hearing and
 - b. Takes official action that adopts the declaration of the local health officer.
339. The executive/legislative body of county/municipality:
 - a. Notifies the State Health Commissioner of declaration;
 - b. Requests the State Health Commissioner to declare a public health emergency;
 - c. Indicates other measures taken to address the epidemic have not worked.
340. Commissioner must approve or deny within 10 days from submission.
 - a. Can request additional information extending the deadline for an additional 10 days

More information on steps local health departments and health care providers can take is found in the CDC Health Advisory at <http://emergency.cdc.gov/han/han00377.asp>.

Spotlight on Wabash County, Indiana

	Wabash County	Indiana
Population, 2014	32,252	6,596,855
HIV and HCV		
New HIV cases (rate per 100,000 population), 2014	<5 (*)	515 (8)
Total number of people living with HIV, 2014	13	11,547
Newly reported HCV cases (rate per 100,000 population), 2013+	15 (46)	4,535 (69)
Drug overdoses and deaths		
Annual average number of drug poisoning deaths (total rate per 100,000 population), 2009-2013**	6 (20)	966 (15)
Drug poisoning deaths per 100,000 population (rate per 100,000 pop), 2013	8 (25)	1049 (16)
Annual average number of non-fatal emergency room visits due to opioid overdoses (total rate per 100,000 population), 2009-2013**	10 (31)	1820 (28)
Non-fatal emergency room visits due to opioid overdoses (rate per 100,000 population), 2013	8 (25)	2,157 (33)
STDs		
Chlamydia cases (rate per 100,000 population), 2013	64 (189)	28,023 (432)
Gonorrhea cases (rate per 100,000 population), 2013	5 (16)	7,144 (110)

*Numbers less than 5, including 0.

**Drug poisoning deaths: underlying cause of death coded on death certificate as drug overdose fatality or "acute drug overdose."

+Includes Department of Corrections cases.

HCV

HCV is spread through contact with blood of an infected person, primarily through sharing contaminated needles or injection drug use equipment (CDC fact sheet). There is no vaccine for HCV. The best way to prevent HCV infection is to never inject drugs or to stop injecting drugs by getting into and staying in a drug treatment program (CDC). People who continue to inject drugs should use new, sterile syringes each time and never reuse or share needles, water, or other drug preparation equipment. The Centers for Disease Control and Prevention (CDC) recommends HCV testing for people who inject drugs, all people living with HIV, and everyone born during 1945-1965.

Substance Abuse

People abuse substances such as drugs, alcohol, and tobacco for varied reasons. Substance abuse can have negative social, physical, mental, and public health impact on individuals, families and communities. In 2013, an estimated 9.4% of people over the age of 12 in the US engaged in illegal drug use.

Key Support Services and Staff

Disease Intervention Specialists conduct partner notification, verify treatment of infected individuals, assist infected individuals in developing risk-reduction plans, and refer for HIV Care Coordination.

HIV Care Coordinators provide an individualized plan of care that includes medical, psychosocial, financial, and other supportive services for free.

ISDH HIV Special Populations Support Program provides intensive support services to individuals diagnosed with HIV disease and chemical dependency. Services are offered throughout the state at 12 sites. For more information, call 317-233-7418.

Substance abuse and treatment services are provided by various providers in the area. For information, contact SAMHSA's National Helpline 1-800-487-4889 for 24-hour free and confidential treatment referral and information.

STD Prevention is HIV Prevention. The ISDH STD Prevention Program has opportunities for local health departments to receive test materials and medications for Chlamydia and gonorrhea. For more information, contact std@isdh.in.gov.

Key Contacts for Wabash County

Disease Investigation area: District 6

Local HIV Care Coordination

AIDS Task Force/Positive Resource Center (260)744-1144

Disease Intervention Specialist

Melody Fuqua (765)254-1574
Brandon Todd (765)288-0763

HIV & STD Prevention Services

Heartland OBGYN

807 Cass St., Wabash, IN 46992 (260)563-3300
Please call for an appointment and fees

Grant County Health Department

401 S. Adams St, Marion, IN 46953
(765)651-2401
Free HIV, Chlamydia and gonorrhea testing/treatment available
Please call for an appointment

For more information, visit the ISDH HIV/STD website at: <https://secure.in.gov/isdh/17397.htm>

or contact the ISDH Local Health Department Outreach Division at

LHDinfo@isdh.in.gov (please put "County Profile" in subject line) or 317-234-6623.

Washington County Profile

Background

In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxycodone (brand name Opana) and sharing needles.

What Local Health Departments Can Do

As the local “eyes and ears on the ground,” public health staff are critical to the identification of outbreaks. To do this, the following are important:

- Promptly report new HIV cases to the ISDH Division of HIV/STD/Viral Hepatitis.
- Promptly report new HCV cases to the ISDH Epidemiology Resources Center.
- Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
- Become familiar with local data so any increases are easily identified.
- Know who to contact for assistance and appropriate health services.

This Profile is a tool to become familiar with local data, local resources, and to assist you in the decision-making process for local syringe exchange programs.

Syringe Exchange Programs

Syringe exchange programs provide people who inject drugs with an opportunity to reduce the spread of bloodborne diseases such as HIV and HCV, use sterile syringes, share syringes less often, and safely dispose of used syringes. The programs serve to connect hard-to-reach people who inject drugs with important public health services, including HIV and HCV testing, substance abuse treatment, sexually transmitted disease (STD) screening and treatment, and risk reduction counseling.

Syringe Exchange Law in Indiana (<https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251>)

In May, a new law went into effect to allow local health departments and law enforcement to work together to start a needle exchange program in their counties if the following criteria are met:

341. Local health officer declares to county/municipality:
 - a. There is an epidemic of HCV or HIV;
 - b. The primary mode of transmission of HCV or HIV is injection drug use;
 - c. That a Syringe Exchange Program is medically appropriate as part of the comprehensive public health response.
342. The executive/legislative body of county/municipality:
 - a. Conducts a public hearing and
 - b. Takes official action that adopts the declaration of the local health officer.
343. The executive/legislative body of county/municipality:
 - a. Notifies the State Health Commissioner of declaration;
 - b. Requests the State Health Commissioner to declare a public health emergency;
 - c. Indicates other measures taken to address the epidemic have not worked.
344. Commissioner must approve or deny within 10 days from submission.
 - a. Can request additional information extending the deadline for an additional 10 days

More information on steps local health departments and health care providers can take is found in the CDC Health Advisory at <http://emergency.cdc.gov/han/han00377.asp>.

Spotlight on Washington County, Indiana

	Washington County	Indiana
Population, 2014	27,878	6,596,855
HIV and HCV		
New HIV cases (rate per 100,000 population), 2014	<5 (*)	515 (8)
Total number of people living with HIV, 2014	25	11,547
Newly reported HCV cases (rate per 100,000 population), 2013	13 (47)	4,535 (69)
Drug overdoses and deaths		
Annual average number of drug poisoning deaths (total rate per 100,000 population), 2009-2013**	6 (23)	966 (15)
Drug poisoning deaths per 100,000 population (rate per 100,000 pop), 2013	8 (29)	1049 (16)
Annual average number of non-fatal emergency room visits due to opioid overdoses (total rate per 100,000 population), 2009-2013**	6 (21)	1820 (28)
Non-fatal emergency room visits due to opioid overdoses (rate per 100,000 population), 2013	15 (54)	2,157 (33)
STDs		
Chlamydia cases (rate per 100,000 population), 2013	51 (184)	28,023 (432)
Gonorrhea cases (rate per 100,000 population), 2013	5 (18)	7,144 (110)

*Numbers less than 5, including 0.

**Drug poisoning deaths: underlying cause of death coded on death certificate as drug overdose fatality or "acute drug overdose."

HCV

HCV is spread through contact with blood of an infected person, primarily through sharing contaminated needles or injection drug use equipment (CDC fact sheet). There is no vaccine for HCV. The best way to prevent HCV infection is to never inject drugs or to stop injecting drugs by getting into and staying in a drug treatment program (CDC). People who continue to inject drugs should use new, sterile syringes each time and never reuse or share needles, water, or other drug preparation equipment. The Centers for Disease Control and Prevention (CDC) recommends HCV testing for people who inject drugs, all people living with HIV, and everyone born during 1945-1965.

Substance Abuse

People abuse substances such as drugs, alcohol, and tobacco for varied reasons. Substance abuse can have negative social, physical, mental, and public health impact on individuals, families and communities. In 2013, an estimated 9.4% of people over the age of 12 in the US engaged in illegal drug use.

Key Support Services and Staff

Disease Intervention Specialists conduct partner notification, verify treatment of infected individuals, assist infected individuals in developing risk-reduction plans, and refer for HIV Care Coordination.

HIV Care Coordinators provide an individualized plan of care that includes medical, psychosocial, financial, and other supportive services for free.

ISDH HIV Special Populations Support Program provides intensive support services to individuals diagnosed with HIV disease and chemical dependency. Services are offered throughout the state at 12 sites. For more information, call 317-233-7418.

Substance abuse and treatment services are provided by various providers in the area. For information, contact SAMHSA's National Helpline 1-800-487-4889 for 24-hour free and confidential treatment referral and information.

STD Prevention is HIV Prevention. The ISDH STD Prevention Program has opportunities for local health departments to receive test materials and medications for Chlamydia and gonorrhea. For more information, contact std@isdh.in.gov.

Key Contacts for Washington County

Disease Investigation area: District 9

Local HIV Care Coordination

Clark County Health Department
(800)828-5624

Disease Intervention Specialists

Dorothy Waterhouse (812)288-2706
Jesse Shields (812)283-2738

HIV & STD Prevention Services

Clark County Health Department

1301 Akers Ave, Jeffersonville, IN 47130
M-F 9AM-5PM, (812)288-2706

Free HIV testing M-F by appointment only
STD testing on Tuesday afternoons, \$20.00 fee

For more information, visit the ISDH HIV/STD website at: <https://secure.in.gov/isdh/17397.htm>

or contact the ISDH Local Health Department Outreach Division at

LHDinfo@isdh.in.gov (please put "County Profile" in subject line) or 317-234-6623.

Wayne County Profile

Background

In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxycodone (brand name Opana) and sharing needles.

What Local Health Departments Can Do

As the local “eyes and ears on the ground,” public health staff are critical to the identification of outbreaks. To do this, the following are important:

- Promptly report new HIV cases to the ISDH Division of HIV/STD/Viral Hepatitis.
- Promptly report new HCV cases to the ISDH Epidemiology Resources Center.
- Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
- Become familiar with local data so any increases are easily identified.
- Know who to contact for assistance and appropriate health services.

This Profile is a tool to become familiar with local data, local resources, and to assist you in the decision-making process for local syringe exchange programs.

Syringe Exchange Programs

Syringe exchange programs provide people who inject drugs with an opportunity to reduce the spread of bloodborne diseases such as HIV and HCV, use sterile syringes, share syringes less often, and safely dispose of used syringes. The programs serve to connect hard-to-reach people who inject drugs with important public health services, including HIV and HCV testing, substance abuse treatment, sexually transmitted disease (STD) screening and treatment, and risk reduction counseling.

Syringe Exchange Law in Indiana (<https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251>)

In May, a new law went into effect to allow local health departments and law enforcement to work together to start a needle exchange program in their counties if the following criteria are met:

345. Local health officer declares to county/municipality:
 - a. There is an epidemic of HCV or HIV;
 - b. The primary mode of transmission of HCV or HIV is injection drug use;
 - c. That a Syringe Exchange Program is medically appropriate as part of the comprehensive public health response.
346. The executive/legislative body of county/municipality:
 - a. Conducts a public hearing and
 - b. Takes official action that adopts the declaration of the local health officer.
347. The executive/legislative body of county/municipality:
 - a. Notifies the State Health Commissioner of declaration;
 - b. Requests the State Health Commissioner to declare a public health emergency;
 - c. Indicates other measures taken to address the epidemic have not worked.
348. Commissioner must approve or deny within 10 days from submission.
 - a. Can request additional information extending the deadline for an additional 10 days

More information on steps local health departments and health care providers can take is found in the CDC Health Advisory at <http://emergency.cdc.gov/han/han00377.asp>.

Spotlight on Wayne County, Indiana

	Wayne County	Indiana
Population, 2014	67,671	6,596,855
HIV and HCV		
New HIV cases (rate per 100,000 population), 2014	<5 (*)	515 (8)
Total number of people living with HIV, 2014	89	11,547
Newly reported HCV cases (rate per 100,000 population), 2013	122 (179)	4,535 (69)
Drug overdoses and deaths		
Annual average number of drug poisoning deaths (total rate per 100,000 population), 2009-2013*	13 (19)	966 (15)
Drug poisoning deaths per 100,000 population (rate per 100,000 pop), 2013	17 (25)	1049 (16)
Annual average number of non-fatal emergency room visits due to opioid overdoses (total rate per 100,000 population), 2009-2013*	32 (47)	1820 (28)
Non-fatal emergency room visits due to opioid overdoses (rate per 100,000 population), 2013	49 (72)	2,157 (33)
STDs		
Chlamydia cases (rate per 100,000 population), 2013	273 (159)	28,023 (432)
Gonorrhea cases (rate per 100,000 population), 2013	65 (96)	7,144 (110)

*Numbers less than 5, including 0.

**Drug poisoning deaths: underlying cause of death coded on death certificate as drug overdose fatality or "acute drug overdose."

HCV

HCV is spread through contact with blood of an infected person, primarily through sharing contaminated needles or injection drug use equipment (CDC fact sheet). There is no vaccine for HCV. The best way to prevent HCV infection is to never inject drugs or to stop injecting drugs by getting into and staying in a drug treatment program (CDC). People who continue to inject drugs should use new, sterile syringes each time and never reuse or share needles, water, or other drug preparation equipment. The Centers for Disease Control and Prevention (CDC) recommends HCV testing for people who inject drugs, all people living with HIV, and everyone born during 1945-1965.

Substance Abuse

People abuse substances such as drugs, alcohol, and tobacco for varied reasons. Substance abuse can have negative social, physical, mental, and public health impact on individuals, families and communities. In 2013, an estimated 9.4% of people over the age of 12 in the US engaged in illegal drug use.

Key Support Services and Staff

Disease Intervention Specialists conduct partner notification, verify treatment of infected individuals, assist infected individuals in developing risk-reduction plans, and refer for HIV Care Coordination.

HIV Care Coordinators provide an individualized plan of care that includes medical, psychosocial, financial, and other supportive services for free.

ISDH HIV Special Populations Support Program provides intensive support services to individuals diagnosed with HIV disease and chemical dependency. Services are offered throughout the state at 12 sites. For more information, call 317-233-7418.

Substance abuse and treatment services are provided by various providers in the area. For information, contact SAMHSA's National Helpline 1-800-487-4889 for 24-hour free and confidential treatment referral and information.

STD Prevention is HIV Prevention. The ISDH STD Prevention Program has opportunities for local health departments to receive test materials and medications for Chlamydia and gonorrhea. For more information, contact std@isdh.in.gov.

Key Contacts for Wayne County

Disease Investigation area: District 6

Local HIV Care Coordination

Aspire (Southeast)
(765)962-8742

Disease Intervention Specialists

Melody Fuqua (765)254-1574
Brandon Todd (765)288-0763

HIV & STD Prevention Services

Wayne County Health Department

203 E. Main St, Richmond, IN 47374
(765)973-9294

Provides STD, Hepatitis B & C, and HIV testing by appointment

Walk in STD Hours: Thursday 8-11 AM and 1-4PM

Syphilis/HIV/Hepatitis testing, \$13.00 donation (not required), hardship adjustments available if needed

For more information, visit the ISDH HIV/STD website at: <https://secure.in.gov/isdh/17397.htm>

or contact the ISDH Local Health Department Outreach Division at

LHDinfo@isdh.in.gov (please put "County Profile" in subject line) or 317-234-6623.

Wells County Profile

Background

In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxycodone (brand name Opana) and sharing needles.

What Local Health Departments Can Do

As the local “eyes and ears on the ground,” public health staff are critical to the identification of outbreaks. To do this, the following are important:

- Promptly report new HIV cases to the ISDH Division of HIV/STD/Viral Hepatitis.
- Promptly report new HCV cases to the ISDH Epidemiology Resources Center.
- Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
- Become familiar with local data so any increases are easily identified.
- Know who to contact for assistance and appropriate health services.

This Profile is a tool to become familiar with local data, local resources, and to assist you in the decision-making process for local syringe exchange programs.

Syringe Exchange Programs

Syringe exchange programs provide people who inject drugs with an opportunity to reduce the spread of bloodborne diseases such as HIV and HCV, use sterile syringes, share syringes less often, and safely dispose of used syringes. The programs serve to connect hard-to-reach people who inject drugs with important public health services, including HIV and HCV testing, substance abuse treatment, sexually transmitted disease (STD) screening and treatment, and risk reduction counseling.

Syringe Exchange Law in Indiana (<https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251>)

In May, a new law went into effect to allow local health departments and law enforcement to work together to start a needle exchange program in their counties if the following criteria are met:

349. Local health officer declares to county/municipality:
 - a. There is an epidemic of HCV or HIV;
 - b. The primary mode of transmission of HCV or HIV is injection drug use;
 - c. That a Syringe Exchange Program is medically appropriate as part of the comprehensive public health response.
350. The executive/legislative body of county/municipality:
 - a. Conducts a public hearing and
 - b. Takes official action that adopts the declaration of the local health officer.
351. The executive/legislative body of county/municipality:
 - a. Notifies the State Health Commissioner of declaration;
 - b. Requests the State Health Commissioner to declare a public health emergency;
 - c. Indicates other measures taken to address the epidemic have not worked.
352. Commissioner must approve or deny within 10 days from submission.
 - a. Can request additional information extending the deadline for an additional 10 days

More information on steps local health departments and health care providers can take is found in the CDC Health Advisory at <http://emergency.cdc.gov/han/han00377.asp>.

Spotlight on Wells County, Indiana

	Wells County	Indiana
Population, 2014	27,862	6,596,855
HIV and HCV		
New HIV cases (rate per 100,000 population), 2014	<5 (*)	515 (8)
Total number of people living with HIV, 2014	10	11,547
Newly reported HCV cases (rate per 100,000 population), 2013	<5 (*)	4,535 (69)
Drug overdoses and deaths		
Annual average number of drug poisoning deaths (total rate per 100,000 population), 2009-2013**	<5 (*)	966 (15)
Drug poisoning deaths per 100,000 population (rate per 100,000 pop), 2013	6 (22)	1049 (16)
Annual average number of non-fatal emergency room visits due to opioid overdoses (total rate per 100,000 population), 2009-2013**	29 (6)	1820 (28)
Non-fatal emergency room visits due to opioid overdoses (rate per 100,000 population), 2013	<5 (*)	2,157 (33)
STDs		
Chlamydia cases (rate per 100,000 population), 2013	17 (255)	28,023 (432)
Gonorrhea cases (rate per 100,000 population), 2013	12 (43)	7,144 (110)

*Numbers less than 5, including 0.

**Drug poisoning deaths: underlying cause of death coded on death certificate as drug overdose fatality or "acute drug overdose."

HCV

HCV is spread through contact with blood of an infected person, primarily through sharing contaminated needles or injection drug use equipment (CDC fact sheet). There is no vaccine for HCV. The best way to prevent HCV infection is to never inject drugs or to stop injecting drugs by getting into and staying in a drug treatment program (CDC). People who continue to inject drugs should use new, sterile syringes each time and never reuse or share needles, water, or other drug preparation equipment. The Centers for Disease Control and Prevention (CDC) recommends HCV testing for people who inject drugs, all people living with HIV, and everyone born during 1945-1965.

Substance Abuse

People abuse substances such as drugs, alcohol, and tobacco for varied reasons.

Substance abuse can have negative social, physical, mental, and public health impact on individuals, families and communities. In 2013, an estimated 9.4% of people over the age of 12 in the US engaged in illegal drug use.

Key Support Services and Staff

Disease Intervention Specialists conduct partner notification, verify treatment of infected individuals, assist infected individuals in developing risk-reduction plans, and refer for HIV Care Coordination.

HIV Care Coordinators provide an individualized plan of care that includes medical, psychosocial, financial, and other supportive services for free.

ISDH HIV Special Populations Support Program provides intensive support services to individuals diagnosed with HIV disease and chemical dependency. Services are offered throughout the state at 12 sites. For more information, call 317-233-7418.

Substance abuse and treatment services are provided by various providers in the area. For information, contact SAMHSA's National Helpline 1-800-487-4889 for 24-hour free and confidential treatment referral and information.

STD Prevention is HIV Prevention. The ISDH STD Prevention Program has opportunities for local health departments to receive test materials and medications for Chlamydia and gonorrhea. For more information, contact std@isdh.in.gov.

Key Contacts for Wells County

Disease Investigation area: District 6

Local HIV Care Coordination

AIDS Task Force/Positive Resource center (260)744-1144

Disease Intervention Specialists

Melody Fuqua (765)254-1574
Brandon Todd (765)288-0763

HIV & STD Prevention Services

Ft. Wayne-Allen County Department of Health Medical Annex building

4813 New Haven Ave, Ft. Wayne 46803

260-449-7504

Full Service STD Clinic with HIV testing, Immunizations, Infectious Disease Clinic, travel clinic.

Minimal fees apply, info on website:

www.allencountyhealth.com

For more information, visit the ISDH HIV/STD website at: <https://secure.in.gov/isdh/17397.htm>

or contact the ISDH Local Health Department Outreach Division at

LHDinfo@isdh.in.gov (please put "County Profile" in subject line) or **317-234-6623**.

White County Profile

Background

In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxycodone (brand name Opana) and sharing needles.

What Local Health Departments Can Do

As the local “eyes and ears on the ground,” public health staff are critical to the identification of outbreaks. To do this, the following are important:

- Promptly report new HIV cases to the ISDH Division of HIV/STD/Viral Hepatitis.
- Promptly report new HCV cases to the ISDH Epidemiology Resources Center.
- Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
- Become familiar with local data so any increases are easily identified.
- Know who to contact for assistance and appropriate health services.

This Profile is a tool to become familiar with local data, local resources, and to assist you in the decision-making process for local syringe exchange programs.

Syringe Exchange Programs

Syringe exchange programs provide people who inject drugs with an opportunity to reduce the spread of bloodborne diseases such as HIV and HCV, use sterile syringes, share syringes less often, and safely dispose of used syringes. The programs serve to connect hard-to-reach people who inject drugs with important public health services, including HIV and HCV testing, substance abuse treatment, sexually transmitted disease (STD) screening and treatment, and risk reduction counseling.

Syringe Exchange Law in Indiana (<https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251>)

In May, a new law went into effect to allow local health departments and law enforcement to work together to start a needle exchange program in their counties if the following criteria are met:

353. Local health officer declares to county/municipality:
 - a. There is an epidemic of HCV or HIV;
 - b. The primary mode of transmission of HCV or HIV is injection drug use;
 - c. That a Syringe Exchange Program is medically appropriate as part of the comprehensive public health response.
354. The executive/legislative body of county/municipality:
 - a. Conducts a public hearing and
 - b. Takes official action that adopts the declaration of the local health officer.
355. The executive/legislative body of county/municipality:
 - a. Notifies the State Health Commissioner of declaration;
 - b. Requests the State Health Commissioner to declare a public health emergency;
 - c. Indicates other measures taken to address the epidemic have not worked.
356. Commissioner must approve or deny within 10 days from submission.
 - a. Can request additional information extending the deadline for an additional 10 days

More information on steps local health departments and health care providers can take is found in the CDC Health Advisory at <http://emergency.cdc.gov/han/han00377.asp>.

Spotlight on *White County, Indiana*

	White County	Indiana
Population, 2014	24,453	6,596,855
HIV and HCV		
New HIV cases (rate per 100,000 population), 2014	<5 (*)	515 (8)
Total number of people living with HIV, 2014	23	11,547
Newly reported HCV cases (rate per 100,000 population), 2013	8 (33)	4,535 (69)
Drug overdoses and deaths		
Annual average number of drug poisoning deaths (total rate per 100,000 population), 2009-2013**	<5 (*)	966 (15)
Drug poisoning deaths per 100,000 population (rate per 100,000 pop), 2013	<5 (*)	1049 (16)
Annual average number of non-fatal emergency room visits due to opioid overdoses (total rate per 100,000 population), 2009-2013**	8 (35)	1820 (28)
Non-fatal emergency room visits due to opioid overdoses (rate per 100,000 population), 2013	8 (33)	2,157 (33)
STDs		
Chlamydia cases (rate per 100,000 population), 2013	57 (233)	28,023 (432)
Gonorrhea cases (rate per 100,000 population), 2013	<5 (*)	7,144 (110)

*Numbers less than 5, including 0.

**Drug poisoning deaths: underlying cause of death coded on death certificate as drug overdose fatality or "acute drug overdose."

HCV

HCV is spread through contact with blood of an infected person, primarily through sharing contaminated needles or injection drug use equipment (CDC fact sheet). There is no vaccine for HCV. The best way to prevent HCV infection is to never inject drugs or to stop injecting drugs by getting into and staying in a drug treatment program (CDC). People who continue to inject drugs should use new, sterile syringes each time and never reuse or share needles, water, or other drug preparation equipment. The Centers for Disease Control and Prevention (CDC) recommends HCV testing for people who inject drugs, all people living with HIV, and everyone born during 1945-1965.

Substance Abuse

People abuse substances such as drugs, alcohol, and tobacco for varied reasons. Substance abuse can have negative social, physical, mental, and public health impact on individuals, families and communities. In 2013, an estimated 9.4% of people over the age of 12 in the US engaged in illegal drug use.

Key Support Services and Staff

Disease Intervention Specialists conduct partner notification, verify treatment of infected individuals, assist infected individuals in developing risk-reduction plans, and refer for HIV Care Coordination.

HIV Care Coordinators provide an individualized plan of care that includes medical, psychosocial, financial, and other supportive services for free.

ISDH HIV Special Populations Support Program provides intensive support services to individuals diagnosed with HIV disease and chemical dependency. Services are offered throughout the state at 12 sites. For more information, call 317-233-7418.

Substance abuse and treatment services are provided by various providers in the area. For information, contact SAMHSA's National Helpline 1-800-487-4889 for 24-hour free and confidential treatment referral and information.

STD Prevention is HIV Prevention. The ISDH STD Prevention Program has opportunities for local health departments to receive test materials and medications for Chlamydia and gonorrhea. For more information, contact std@isdh.in.gov.

Key Contacts for White County

Disease Investigation area: District 4

Local HIV Care Coordination

Aspire (West)
(765)742-4481

Disease Intervention Specialists

Summer Wagner-Walker
(765)635-7666

HIV & STD Prevention Services

Tippecanoe County Health Department

629 N. 6th St, Suite A, Lafayette, IN, 47901
(765)423-9222, Please call for an appointment

Aspire Indiana

1231 Cumberland Ave, Suite C, West Lafayette, IN 47906
(765)742-4481, Free Hep C and HIV testing

For more information, visit the ISDH HIV/STD website at: <https://secure.in.gov/isdh/17397.htm>

or contact the ISDH Local Health Department Outreach Division at

LHDinfo@isdh.in.gov (please put "County Profile" in subject line) or 317-234-6623.

Whitley County Profile

Background

In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxycodone (brand name Opana) and sharing needles.

What Local Health Departments Can Do

As the local “eyes and ears on the ground,” public health staff are critical to the identification of outbreaks. To do this, the following are important:

- Promptly report new HIV cases to the ISDH Division of HIV/STD/Viral Hepatitis.
- Promptly report new HCV cases to the ISDH Epidemiology Resources Center.
- Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
- Become familiar with local data so any increases are easily identified.
- Know who to contact for assistance and appropriate health services.

This Profile is a tool to become familiar with local data, local resources, and to assist you in the decision-making process for local syringe exchange programs.

Syringe Exchange Programs

Syringe exchange programs provide people who inject drugs with an opportunity to reduce the spread of bloodborne diseases such as HIV and HCV, use sterile syringes, share syringes less often, and safely dispose of used syringes. The programs serve to connect hard-to-reach people who inject drugs with important public health services, including HIV and HCV testing, substance abuse treatment, sexually transmitted disease (STD) screening and treatment, and risk reduction counseling.

Syringe Exchange Law in Indiana (<https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251>)

In May, a new law went into effect to allow local health departments and law enforcement to work together to start a needle exchange program in their counties if the following criteria are met:

357. Local health officer declares to county/municipality:
 - a. There is an epidemic of HCV or HIV;
 - b. The primary mode of transmission of HCV or HIV is injection drug use;
 - c. That a Syringe Exchange Program is medically appropriate as part of the comprehensive public health response.
358. The executive/legislative body of county/municipality:
 - a. Conducts a public hearing and
 - b. Takes official action that adopts the declaration of the local health officer.
359. The executive/legislative body of county/municipality:
 - a. Notifies the State Health Commissioner of declaration;
 - b. Requests the State Health Commissioner to declare a public health emergency;
 - c. Indicates other measures taken to address the epidemic have not worked.
360. Commissioner must approve or deny within 10 days from submission.
 - a. Can request additional information extending the deadline for an additional 10 days

More information on steps local health departments and health care providers can take is found in the CDC Health Advisory at <http://emergency.cdc.gov/han/han00377.asp>.

Spotlight on Whitley County, Indiana

	Whitley County	Indiana
Population, 2014	33,403	6,596,855
HIV and HCV		
New HIV cases (rate per 100,000 population), 2014	<5 (*)	515 (8)
Total number of people living with HIV, 2014	12	11,547
Newly reported HCV cases (rate per 100,000 population), 2013	6 (18)	4,535 (69)
Drug overdoses and deaths		
Annual average number of drug poisoning deaths (total rate per 100,000 population), 2009-2013**	<5 (*)	966 (15)
Drug poisoning deaths per 100,000 population (rate per 100,000 pop), 2013	<5 (*)	1049 (16)
Annual average number of non-fatal emergency room visits due to opioid overdoses (total rate per 100,000 population), 2009-2013**	<5 (*)	1820 (28)
Non-fatal emergency room visits due to opioid overdoses (rate per 100,000 population), 2013	6 (18)	2,157 (33)
STDs		
Chlamydia cases (rate per 100,000 population), 2013	82 (246)	28,023 (432)
Gonorrhea cases (rate per 100,000 population), 2013	19 (57)	7,144 (110)

*Numbers less than 5, including 0.

**Drug poisoning deaths: underlying cause of death coded on death certificate as drug overdose fatality or "acute drug overdose."

HCV

HCV is spread through contact with blood of an infected person, primarily through sharing contaminated needles or injection drug use equipment (CDC fact sheet). There is no vaccine for HCV. The best way to prevent HCV infection is to never inject drugs or to stop injecting drugs by getting into and staying in a drug treatment program (CDC). People who continue to inject drugs should use new, sterile syringes each time and never reuse or share needles, water, or other drug preparation equipment. The Centers for Disease Control and Prevention (CDC) recommends HCV testing for people who inject drugs, all people living with HIV, and everyone born during 1945-1965.

Substance Abuse

People abuse substances such as drugs, alcohol, and tobacco for varied reasons. Substance abuse can have negative social, physical, mental, and public health impact on individuals, families and communities. In 2013, an estimated 9.4% of people over the age of 12 in the US engaged in illegal drug use.

Key Support Services and Staff

Disease Intervention Specialists conduct partner notification, verify treatment of infected individuals, assist infected individuals in developing risk-reduction plans, and refer for HIV Care Coordination.

HIV Care Coordinators provide an individualized plan of care that includes medical, psychosocial, financial, and other supportive services for free.

ISDH HIV Special Populations Support Program provides intensive support services to individuals diagnosed with HIV disease and chemical dependency. Services are offered throughout the state at 12 sites. For more information, call 317-233-7418.

Substance abuse and treatment services are provided by various providers in the area. For information, contact SAMHSA's National Helpline 1-800-487-4889 for 24-hour free and confidential treatment referral and information.

STD Prevention is HIV Prevention. The ISDH STD Prevention Program has opportunities for local health departments to receive test materials and medications for Chlamydia and gonorrhea. For more information, contact std@isdh.in.gov.

Key Contacts for Whitley County

Disease Investigation area: District 2

Local HIV Care Coordination

AIDS Task Force/Positive Resource Center (260)744-1144

Disease Intervention Specialists

Melissa Murawski (574)282-3230 x112
Lawrie Covey

HIV & STD Prevention Services

Ft. Wayne-Allen County Department of Health Medical Annex building

4813 New Haven Ave, Ft. Wayne 46803

260-449-7504

Full Service STD Clinic with HIV testing, Immunizations, Infectious Disease Clinic, travel clinic.

Minimal fees apply, info on website:

www.allencountyhealth.com

For more information, visit the ISDH HIV/STD website at: <https://secure.in.gov/isdh/17397.htm>

or contact the ISDH Local Health Department Outreach Division at

LHDinfo@isdh.in.gov (please put "County Profile" in subject line) or 317-234-6623.